

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746299

**FILED**  
**Apr 11, 2007**  
**Secretary of State**

**Entity Name:** 1701 PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1701 E ATLANTIC BLVD #1  
P O BOX 1749  
POMPANO BCH, FL 33061

**New Principal Place of Business:**

1701 E ATLANTIC BLVD #1  
POMPANO BCH, FL 33060

**Current Mailing Address:**

1701 E ATLANTIC BLVD #1  
P O BOX 1749  
POMPANO BCH, FL 33061

**New Mailing Address:**

1701 E ATLANTIC BLVD #1  
PO BOX 1749  
POMPANO BCH, FL 33061

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOAN, STEPHEN M  
1701 E ATLANTIC BLVD #1  
POMPANO BEACH, FL 33060      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: WILLIAMS, JAMES M.,  
Address: 1701 E ATLANTIC BLVD #4  
City-St-Zip: POMPANO BEACH FL,

Title: SD                      ( ) Delete  
Name: SMITH, LAURIE  
Address: 1701 E ATLANTIC BLVD #5  
City-St-Zip: POMPANO BEACH, FL 33060

Title: TDV                      ( ) Delete  
Name: SLOAN, STEPHEN M.,  
Address: 1701 E ATLANTIC BLVD #1  
City-St-Zip: POMPANO BEACH FL,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN M SLOAN

TDV

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date