

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 755492
 1. Entity Name
 355 OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC



Principal Place of Business	Mailing Address
355 NE 5TH AVE STE 6 DELRAY BEACH, FL 33483 US	355 NE 5TH AVE STE 6 DELRAY BEACH, FL 33483 US

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number	Applied For
59-2144672	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLING, MIRIAM B
 355 N E 5TH AVENUE
 STE 6
 DELRAY BEACH, FL 33483

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restoring) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUMRALL JR, H CASSEDY
STREET ADDRESS	4 N W 16TH STREET
CITY-STATE-ZIP	DELRAY BCH, FL 00000.
TITLE	PD
NAME	MCGLOIN, RICHARD
STREET ADDRESS	2275 N SWINTON AVE
CITY-STATE-ZIP	DELRAY BEACH, FL 33444
TITLE	DT
NAME	WALLING, MIRIAM B
STREET ADDRESS	355 NE 5TH AVE, STE 6
CITY-STATE-ZIP	DELRAY BEACH, FL
TITLE	D
NAME	KALTMAN, KENNETH T.
STREET ADDRESS	355 NE 5TH AVE, SUITE 4
CITY-STATE-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 01/11/07-80049-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Miriam B. Walling Treas. 1-8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #