


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 755492</b> 1. Entity Name 355 OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC	
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Principal Place of Business 355 NE 5TH AVE STE 6 DELRAY BEACH, FL 33483 US	Mailing Address 355 NE 5TH AVE STE 6 DELRAY BEACH, FL 33483 US
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2144672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000777472  
01/10/08-80010-003 61.25

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-08

Date

561-272-5868

Daytime Phone #