



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

| | |
|---|---|
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 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: _____ (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

U00000777472
 01/10/08-80010-003 61.25

10. OFFICERS AND DIRECTORS

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|--|---|
| 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 | |

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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.* **01-07-08** **561-272-5868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #