


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 763791</b>	
1. Entity Name <b>PALM BEACH BUSINESS PLAZA CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>PALM BEACH BUSINESS PLAZA 5646 CORPORATE WAY WEST PALM BEACH, FL 33407 US</b>	Mailing Address <b>THE GENERAL LEDGER 5646 CORPORATE WAY WEST PALM BEACH, FL 33407 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03212008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0906314</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>THE GENERAL LEDGER 5646 CORPORATE WAY WEST PALM BEACH, FL 33407</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOFASO, ANTHONY M</b>	NAME	
STREET ADDRESS	<b>5652 CORPORATE WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, DEREK</b>	NAME	
STREET ADDRESS	<b>5720 CORPORATE WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALDRICA, BOB</b>	NAME	
STREET ADDRESS	<b>5662 CORPORATE WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNDT, LINDA</b>	NAME	
STREET ADDRESS	<b>5654 CORPORATE WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, ROBERT</b>	NAME	
STREET ADDRESS	<b>5650 CORPORATE WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **3/25/08 561 609-6775**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #