


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 769793	
1. Entity Name THE SHARP BUILDING CONDOMINIUM ASSOCIATION, INC	

**FILED
Apr 28, 2005 08:00 AM
Secretary of State**

Principal Place of Business THE SHARP BUILDING CONDO ASSOC 13100 PINE BOROUGH LN PALM BEACH GARDENS, FL 33418-7756	Mailing Address 13100 PINE BOROUGH WEST PALM BEACH, FL 33418
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04102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2380995	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

**ADAMS, WILLIAM
13100 PINE BOROUGH LN
PALM BEACH GARDENS, FL 33418-7956**

**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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000340713 04/28/05-80125-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, RON 510 WHITNEY AVENUE LANTANA, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, FREDERICK 8233-18 GATOR LANE WEST PALM BEACH, FL 33411
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #