2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #769793

1. Entity Name

THE SHARP BUILDING CONDOMINIUM ASSOCIATION, INC.



FILED Apr 14, 2006 08:00 AN 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



04092006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2380995

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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				** 7	THO OF ACE	
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, 2006	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, RON 510 WHITNEY AVENUE LANTANA, FL 33467			U00000508686 04/28/06-80011-008 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, FREDERICK 8233-18 GATOR LANE WEST PALM BEACH, FL 33411			•	U4/20/U5-0UUII-UUO 51.23	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
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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.						

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. If timer 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/14

Flor 626 9096

Daytime Phone #