

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90175 034 \*\*\*\*61.25



**DOCUMENT # N02000004206**  
 1. Entity Name  
**NOB HILL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**777 SOUTH FLAGLER DRIVE**      **777 SOUTH FLAGLER DRIVE**  
**SUITE 300E**      **SUITE 300E**  
**WEST PALM BEACH, FL 33401**      **WEST PALM BEACH, FL 33401**

**SECRET**



04282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **01-0708579**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
**526 EAST PARK AVE.**  
**TALLAHASSEE, FL 32301**

**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, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLESINGER, ADAM 250 SOUTH AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHLESINGER, LESLIE 250 SOUTH AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUDA, DANNY 250 SOUTH AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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)      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

*Adam Schlesinger, Director*