


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000004206	
<b>1. Entity Name</b> NOB HILL CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> 777 SOUTH FLAGLER DRIVE SUITE 300E WEST PALM BEACH, FL 33401	<b>Mailing Address</b> 777 SOUTH FLAGLER DRIVE SUITE 300E WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



05052005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 01-0708579	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

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**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

<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> SCHLESINGER, ADAM
<b>STREET ADDRESS</b> 250 SOUTH AUSTRALIAN AVENUE, SUITE 1003	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401
<b>TITLE</b> VD	<b>NAME</b> SCHLESINGER, LESLIE
<b>STREET ADDRESS</b> 250 SOUTH AUSTRALIAN AVENUE, SUITE 1003	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401
<b>TITLE</b> SD	<b>NAME</b> RUDA, DANNY
<b>STREET ADDRESS</b> 250 SOUTH AUSTRALIAN AVENUE, SUITE 1003	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP

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000000368986  
06/06/05-80001-008 61.25

**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** 5/2/05 **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

Adam Schlesinger, Director