


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004206

1. Entity Name
NOB HILL CONDOMINIUM ASSOCIATION, INC.



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

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

DO NOT WRITE IN THIS SPACE



03272006 No Chg-NP CR2E037 (11/05)

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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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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)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	VO 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
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U00000514627
04/29/06-80178-017 61.25

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 any other like employees.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #