


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

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006278 1. Entity Name 1525 PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1450 MERIDIAN AVE STE 9 MIAMI BEACH, FL 33139	Mailing Address 300 ALTON RD STE 303 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 79-3074548	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHRISKEN REAL ESTATE MANAGEMENT COMPANY INC 1450 MERIDIAN AVE STE 9 MIAMI BEACH, FL 33139

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000142970 04/30/04-80072-025-61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTOPH, ROBERT W 300 ALTON RD STE 303 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CHRISTOPH, ROBERT W JR 300 ALTON RD STE 303 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST FITZGERALD, JILL 1450 MERIDIAN AVE STE 9 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 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: 	4-23-04	305 672 5588
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>