

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90084 023 ****61.25

DOCUMENT # N03000007461

1. Entity Name

34H OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4200 4TH ST., N. SUITE D SAINT PETERSBURG FL 33703	Mailing Address 4200 4TH ST., N. SUITE D SAINT PETERSBURG FL 33703
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business 11001 DANKAWAYN. Suite, Apt. #, etc. #3	3. Mailing Address 11001 DANKA WAY N. Suite, Apt. #, etc. #3
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City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL	4. FEI Number 20-0826091	Applied For <input type="checkbox"/> Not Applicable
Zip 33716	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFANICK, JUDY K
4200 4TH STREET NORTH
SUITE D
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name: JUDY K. HUMBARGER
Street Address (P.O. Box Number is Not Acceptable): 11001 DANKA WAY N. #3
City: ST. PETERSBURG FL Zip Code: 33716

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: *Judy K. Humbarger*, JUDY K. HUMBARGER 2-15-05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BARGER, MICHAEL E STREET ADDRESS: 4200 4TH STREET N #D CITY-ST-ZIP: ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE: STD NAME: LUCAS, LINDA STREET ADDRESS: 12075-B 34TH ST., N. CITY-ST-ZIP: SAINT PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: 11001 DANKA WAY N. #3 CITY-ST-ZIP: ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael E. Barger* MICHAEL E. BARGER 2-15-05 727-520-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #