## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL N						
DOCUMENT # N0300007461  1. Entity Name					c <u>,</u>		
34H OFFICE CONDOMINIUM ASSOCIATION, INC.				別 FIL:1 - 06 FEB 23	a 10 - All H: 23		
Principal Place of Business Mailing Address					, 11. 23		
11001 DANKA WAY N #3 SAINT PETERSBURG FL 33703		11001 DANKA WAY N #3 SAINT PETERSBURG FL 33703					
2. Principal Place of Business		3. Mailing Address		TISSUEL BY EASE WITH	M 44111 44111 44111 45111 4511 4514 4514		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)			
City & State		City & State		4. FEI Number 20-0826	2004	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desi	\$9.75 Add	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
" HUMBARGER, JUDY K 11001 DANKA WAY N #3 - "SAINT-PETERSBURG FL 33716"			Name	Name			
			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
3. 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 harne of registered agent and tate if applicable (NOTE, Registered Agent signature required when reinstating)  OATE							
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State							
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN	J 10	
TITLE	PD	☐ Delete	THTLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	BARGER, MICHAEL E 11001 DANKA WAY N #3		NAME STREET ADDRESS	والمناس والمناس والمناس والمناس الهيا	ين رسان رسان وسان در		
CfTY-ST-ZIP	SAINT PETERSBURG FL 33716		CITY-ST-ZIP	100066 02/27/060104	74-002 **111.25		
TITLE NAME	STD LUCAS, LINDA	☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS	12075-B 34TH ST., N.		STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG FL 33716		CITY-ST-ZIP				
TITLE		Delete			Change	- Addition	
NAME Street address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME Street Address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		1		
TITLE		☐ Delete	TITLE	1.0	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	7 7101	//) <i>0</i>		
City-St-Zip			CITY-ST-ZIP	B 2/27			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: This EST MICHAELE BARGER 1-26-06 727-520-7711