

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90089 021 ****61.25

DOCUMENT # N04000005283 1. Entity Name TRIANGLE PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6101 GARDEN CT DAVIE, FL 33314			Mailing Address 6101 GARDEN CT DAVIE, FL 33314		
2. Principal Place of Business 6099 Stirling Road Suite, Apt. #, etc. 102		3. Mailing Address 6099 Stirling Road Suite, Apt. #, etc. 102			
City & State DAVIE, FLORIDA Zip 33314		City & State DAVIE, FLORIDA Zip 33314		4. FEI Number 20-2152732	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIRO, SAMUEL 6101 GARDEN CT DAVIE, FL 33314			7. Name and Address of New Registered Agent Name Cathy Surman Street Address (P.O. Box Number is Not Acceptable) 6099 Stirling Road #102 City DAVIE FL Zip Code 33314		
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 CATHY SURMAN, Secretary/Treasurer 2-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, SAMUEL 6101 GARDEN CT DAVIE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, STEVEN 6101 GARDEN CT DAVIE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, ARLENE 6101 GARDEN CT DAVIE, FL 33314	<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				
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 all other like empowered.					
SIGNATURE: CATHERINE A. SURMAN 2/28/06 x 954-894-4015 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					