## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005283

FILED Apr 30, 2007 Secretary of State

Entity Name: TRIANGLE PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6099 STIRLING RD 102 **DAVIE, FL 33314 Current Mailing Address: New Mailing Address:** 6099 STIRLING RD **DAVIE, FL 33314** FEI Number: 20-2152732 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAPIRO, SAMUEL SURMAN, CATHY 6099 STIRLING RD 102 6099 STIRLING RD 102 DAVIE, FL 33314 DAVIE, FL 33314 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. SIGNATURE: CATHY SURMAN 04/30/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SHAPIRO, SAMUEL HASSETT, KENNETH Name: Name: 6101 GARDEN CT Address: 6099 STIRLING ROAD #102 Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: DAVIE, FL 33314 US Title: () Delete Title: (X) Change ( ) Addition SHAPIRO, STEVEN Name: RACHMAN, DORON Name: Address: 6101 GARDEN CT Address: 6099 STIRLING ROAD #102 City-St-Zip: **DAVIE, FL 33314** City-St-Zip: DAVIE, FL 33314 US Title: () Delete Title: TR/S (X) Change ( ) Addition SHAPIRO, ARLENE SURMAN, CATHY Name: Name: 6101 GARDEN CT 6099 STIRLING ROAD #102 Address: Address: City-St-Zip: **DAVIE. FL 33314** City-St-Zip: DAVIE, FL 33314 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: KAZDAN, TODD 6099 STIRLING ROAD #102 Address: Address: City-St-Zip: City-St-Zip: DAVIE, FL 33314 US Title: () Delete Title: ( ) Change (X) Addition HODGES, STEVE Name: Name: 6099 STIRLING ROAD #102 Address: Address: City-St-Zip: City-St-Zip: DAVIE, FL 33314 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH HASSETT P 04/30/2007