

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N04954

1. Entity Name
**FLOYD STREET PROFESSIONAL BUILDING UNIT
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**1961 FLOYD ST.
SUITE A
SARASOTA, FL 34239**

Mailing Address
**1901 FLOYD ST.
SARASOTA, FL 34239**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2120791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVERSTEIN, HERBERT
1961 FLOYD STREET
SARASOTA, FL 34239**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000578852

01/09/07-80045-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERSTEIN, HERBERT 1901 FLOYD ST. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALKIN, RICHARD B. 1961 FLOYD ST. SUITE B SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERSTEIN, HERBERT 1901 FLOYD ST. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORBETT, W. DAVID 1961 FLOYD ST. SUITE C SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07
Date

941-366-9222
Daytime Phone #