

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003587

1. Entity Name
MILLER SQUARE PROFESSIONAL CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O NAI MIAMI 9655 SOUTH DIXIE HIGHWAY, SUITE 200 MIAMI, FL 33156	Mailing Address C/O NAI MIAMI 9655 SOUTH DIXIE HIGHWAY, SUITE 200 MIAMI, FL 33156
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07052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4235254	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LARKIN, JEREMY S
C/O NAI MIAMI
9655 SOUTH DIXIE HIGHWAY, SUITE 200
MIAMI, FL 33156**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARKIN, JEREMY S C/O NAI MIAMI 9655 S DIXIE HWY., STE. 200 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, EDWARD L C/O NAI MIAMI 9655 S DIXIE HWY., STE. 200 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALSTEAD, SHERRY C/O NAI MIAMI 9655 S DIXIE HWY., STE. 200 MIAMI, FL 33156
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07/23/07-80001-023 61.25

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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: _____ **7/9/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #