

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N05166 (6)**

1. Corporation Name

**PALM-TAFT PROFESSIONAL BUILDING CONDOMINIUM ASSO  
CIATION, INC.**

Principal Place of Business

Mailing Address

**1601 N. PALM AVE.  
SUITE 304F  
PEMBROKE PINES FL 33026**

**1601 N. PALM AVE.  
SUITE 304F  
PEMBROKE PINES FL 33026**



3. Date Incorporated or Qualified  
**09/17/1984**

3a. Date of Last Report  
**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59-2648438**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAMBO, JAMES E  
1601 N. PALM AVE.  
SUITE 307  
PEMBROKE PINES FL 33026**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **SANTI, PETE**  
STREET ADDRESS **2083 NE 160 ST.**  
CITY - ST - ZIP **N. MIAMI BEACH FL 33162**

TITLE **VD** ☐ DELETE  
NAME **WARNSTEDT, MIKE J.**  
STREET ADDRESS **1601 N PALM AVE 301**  
CITY - ST - ZIP **PEMBROKE PINES FL 33026**

TITLE **SD** ☒ DELETE  
NAME **JONES, TOM**  
STREET ADDRESS **20340 NW 4TH ST.**  
CITY - ST - ZIP **PEMBROKE PINES FL 33026**

TITLE **TD** ☐ DELETE  
NAME **SHAMBO, JIM**  
STREET ADDRESS **1601 N. PALM AVE #307**  
CITY - ST - ZIP **PEMBROKE PINES FL 33026**

TITLE **D** ☐ DELETE  
NAME **SHAMBO, ED.**  
STREET ADDRESS **1601 N. PALM AVE. #201**  
CITY - ST - ZIP **PEMBROKE PINES FL 33026**

TITLE **D** ☒ DELETE  
NAME **MANISCALCO, RON**  
STREET ADDRESS **11021 N.W. 20TH ST.**  
CITY - ST - ZIP **PEMBROKE PINES FL 33026**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

**300001860833  
-06/13/96--01014--005  
\*\*\*86.25**

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)