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Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 33026-3200**

3. Date Incorporated or Qualified
09/17/1984

3a. Date of Last Report
06/12/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

☐ Change ☐ Addition

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

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

☐ Change

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
ED SHAMBO

4-2-97

92E037 (9/96)