


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) - 2004**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90276 036 ****61.25

DOCUMENT # N05166
1. Entity Name
 PALM-TAFT PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1601 N. PALM AVE., STE. 304F
 Suite, Apt. #, etc. PEMBROKE PINES FL
 City & State 33026 USA
 Zip Country

3. Mailing Address 1601 N. PALM AVE., STE. 304F
 Suite, Apt. #, etc. PEMBROKE PINES FL
 City & State 33026 USA
 Zip Country

4. FEI Number 59-2648438
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name GENTILE, JOHN
 Street Address (P.O. Box Number is Not Acceptable)
 1601 N. PALM AVENUE SUITE 212
 City PEMBROKE PINES FL Zip Code 33026

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

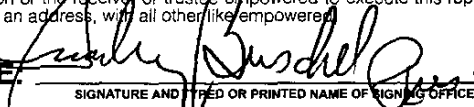
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	
NAME	BUSCHEL, BRADLEY	NAME	
STREET ADDRESS	3600 N. PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	SANTI, PETE	NAME	
STREET ADDRESS	1601 N. PALM AVENUE, SUITE 308	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	GENTILE, JOHN	NAME	
STREET ADDRESS	1601 N. PALM AVENUE, SUITE 212	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MAUTNER, MARK	NAME	
STREET ADDRESS	1601 N. PALM AVENUE SUITE 104	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	MAUTNER, BEVERLY	NAME	
STREET ADDRESS	1601 N., PALM AVENUE SUITE 104	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowerers.

SIGNATURE  DATE 4/20/04 DAYTIME PHONE # 954-240-3870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)