

**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

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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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$81.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BUSCHEL, BRADLEY 3600 N. PARK ROAD HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTI, PETE 1601 N. PALM AVENUE, SUITE 308 PEMBROKE PINES FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENTILE, JOHN 1601 N. PALM AVENUE, SUITE 212 PEMBROKE PINES FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUTNER, MARK 1601 N. PALM AVENUE SUITE 104 PEMBROKE PINES FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAUTNER, BEVERLY 1601 N. PALM AVENUE SUITE 104 PEMBROKE PINES FL 33026
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**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 empowered.**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

954-240-3870

Daytime Phone #

CR2E037B (12/02)