


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90037 026 \*\*\*\*61.25

**DOCUMENT # N37587**

1. Entity Name  
**THE 3400 PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3400 BURNS ROAD          SUITE 104          PALM BEACH GARDENS, FL 33410 US</b>	Mailing Address <b>3400 BURNS ROAD          SUITE 104          PALM BEACH GARDENS, FL 33410 US</b>
---	---



02122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0193880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~CHUDNOW, DANIEL M~~ ~~Morano, De~~ **CONDOMINIUM**  
**3400 BURNS RD., SUITE 104  
 PALM BEACH GARDENS, FL 33410**

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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	VD <del>MORANO, DE</del> Vaccarello-Cruz, Mary A. 3400 BURNS RD.#104 PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <del>SCHNECKENBERG, DAVID</del> Blechman, Steven 3400 BURNS RD #104 PALM BEACH GRDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>CHUDNOW, DANIEL M</del> Harpalani, Vijay 3400 BURNS RD, #104 PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 609, 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:**  **VISAY HARPALANI**  **MUNOZARIELLO - Cruz** 7/17/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

X 