


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N37587	
1. Entity Name THE 3400 PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3400 BURNS ROAD SUITE 104 PALM BEACH GARDENS, FL 33410 US	Mailing Address 3400 BURNS ROAD SUITE 104 PALM BEACH GARDENS, FL 33410 US
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

THE 3400 PROFESSIONAL BLDG CONDO
3400 BURNS RD., SUITE 104
PALM BEACH GARDENS, FL 33410

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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 file if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000373524 07/19/05-80002-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VACCARELLO-CRUZ, MARY A 3400 BURNS RD.#104 PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BLECHMAN, STEVEN 3400 BURNS RD #104 PALM BEACH GRDNS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD 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	

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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)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **7/19/05** **561-624-1983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #