


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 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
--	--



01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0193880	Applied For 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

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

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	

U000000431721
02/23/06-80040-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____

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