


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

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001344

1. Entity Name
PALMETTO PROFESSIONAL PARK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business TRIDENT PROPERTIES MGMT 1000 HOLLAND DRIVE BOCA RATON, FL 33487 US	Mailing Address TRIDENT PROPERTIES MGMT 1000 HOLLAND DRIVE BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0975232	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRODERICK, MICHAEL
C/O TRIDENT PROPERTIES MANG.
1000 HOLLAND DRIVE STE 12
BOCA RATON, FL 33487

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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	PDS LEDER, MARCIA B 1000 HOLLAND DR 12 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISHNOV, BRUCE 1000 HOLLAND DR 12 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHARKEN, RICHARD 1000 HOLLAND DR 12 BOCA RATON, FL 33487
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01/29/05-80026-025 61.25

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

SIGNATURE: MARCIA LEDER PRES 1-19-05 561-482- Date: _____ Daytime Phone #: 8077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR