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SECRETARY OF STATE
TULLY CASSELL, FLORIDA

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N05166
 1. Corporation Name
PALM-TAFT PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

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| Principal Place of Business 1601 N. PALM AVE. SUITE 304F PEMBROKE PINES FL 33026 | Mailing Address 1601 N. PALM AVE. SUITE 304F PEMBROKE PINES FL 33026 |
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|--|--|---|--|--|---|
| 21. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 2a. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country | 3. Date Incorporated or Qualified 09/17/1984 | 4. FEI Number 59-2648438 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 8. Name and Address of Current Registered Agent SHAMBO, JAMES E 1601 N. PALM AVE. SUITE 307 PEMBROKE PINES FL 33026 | 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code |
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11. Pursuant to the provisions of Sections 617.0507 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO SANTI, PETE 2083 NE 160 ST. N. MIAMI BEACH FL 33162 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD MARK MAUTNER 1601 N. PALM AVE., SUITE 104 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID SHAMBO, JIM 1601 N. PALM AVE #307 PEMBROKE PINES FL 33026 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VPD PETE SANTI 2083 NE 160 ST. N. MIAMI BEACH FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHAMBO, ED 1601 N. PALM AVE #307 PEMBROKE PINES FL 33026 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | S BEVERLY MAUTNER 1601 N. PALM AVE., SUITE 104 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. SANTI **SIGNATURE REQUIRED** 3/8/99 754 437-2777
Signature and typed or printed name of signing officer or director

CR2E037 (1/98)