

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05166

FILED
May 01, 2009
Secretary of State

Entity Name: PALM-TAFT PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1601 N. PALM AVE.
SUITE 304F
PEMBROKE PINES, FL 33026

New Principal Place of Business:

10385 SW 50 CT
C/O JANICE SHARPE
COOPER CITY, FL 33328

Current Mailing Address:

1601 N. PALM AVE.
SUITE 304F
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 59-2648438 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GENTILE, JOHN
1601 N. PALM AVE.
STE 212
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUSCHEL, BRADLEY
Address: 3600 N PARK RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD () Delete
Name: SANTI, DOUG
Address: 1601 N. PALM AVE., SUITE 308
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TD () Delete
Name: GENTILE, JOHN
Address: 1601 N PALM AVE, #212
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: MAUTNER, MARK
Address: 1601 N. PALM AVE., SUITE 104
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S () Delete
Name: MAUTNER, BEVERLY
Address: 1601 N PALM AVE STE 104
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE SHARPE

Electronic Signature of Signing Officer or Director

BKKP

05/01/2009

Date