

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004353

**Entity Name:** NOB HILL BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**0093216464CC**

**Current Principal Place of Business:**

5385 N. NOB HILL ROAD  
SUNRISE, FL 33351

**Current Mailing Address:**

5385 N. NOB HILL ROAD  
SUNRISE, FL 33351 US

**FEI Number: 20-8234532**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POWERS, PATTI  
5385 N. NOB HILL ROAD  
SUNRISE, FL 33351 US

*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

**Officer/Director Detail :**

Title C  
Name SMITH, TIMOTHY  
Address 5391 N. NOB HILL ROAD  
City-State-Zip: SUNRISE FL 33351

Title VC  
Name KRAHL, ROGER  
Address 5357 N. NOB ROAD  
City-State-Zip: SUNRISE FL 33351

Title T  
Name MOSSING, DARRIN  
Address 5385 N. NOB HILL ROAD  
City-State-Zip: SUNRISE FL 33351

Title T  
Name POWERS, PATTI  
Address 5385 N. NOB HILL ROAD  
City-State-Zip: SUNRISE FL 33351

*I hereby 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 all other like empowered.*

**SIGNATURE: DARRIN MOSSING**

**PRESIDENT**

**02/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date