| 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT |
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| DOCUMENT# N06000004353 |
| Entity Name: NOB HILL BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC. |
| 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

Name and Address of Current Registered Agent:

POWERS, PATTI 5385 N. NOB HILL ROAD SUNRISE, FL 33351 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

| Title | C | Title | VC | |
|-----------------|---|-----------------|---|--|
| Name | SMITH, TIMOTHY | Name | KRAHL, ROGER | |
| Address | 5391 N. NOB HILL ROAD | Address | 5357 N. NOB ROAD | |
| City-State-Zip: | SUNRISE FL 33351 | City-State-Zip: | SUNRISE FL 33351 | |
| | | | | |
| | | | | |
| Title | т | Title | т | |
| Title Name | T MOSSING, DARRIN | Title Name | T POWERS, PATTI | |
| | T MOSSING, DARRIN 5385 N. NOB HILL ROAD | | T POWERS, PATTI 5385 N. NOB HILL ROAD | |
| Name | | Name | , | |

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

TREASURER

01/30/2019 Date

Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 30, 2019 Secretary of State 0653015642CC