

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 755111 (2)

1. Corporation Name

PARK WEST ASSOCIATION, INC.

Principal Place of Business

**247 MALAGA AVE.
CORAL GABLES FL 33134
US**

Mailing Address

**247 MALAGA AVE
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1980

3a. Date of Last Report

07/01/1994

4. FEI Number

65-0138244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25 Country**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29 Country**

9. Name and Address of Current Registered Agent

**LEHOR, GEORGE
6910 SUNRISE COURT
CORAL GABLES FL 33133**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEHOR, GEORGE
STREET ADDRESS 6910 SUNRISE COURT
CITY-ST-ZIP CORAL GABLES, FL 0

TITLE PPD
NAME RUWITCH, LEE
STREET ADDRESS 1101 BRICKELL AVE #800
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME ALONSO, TONY (ANTONIO)
STREET ADDRESS 98 NE 2ND AVENUE
CITY-ST-ZIP MIAMI, FL 00000

TITLE S

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

STREET ADDRESS 817 W. 46TH ST.
CITY-ST-ZIP MIAMI BCH. FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the attached sheet with an address.

SIGNATURE:

George Lehonor **GEORGE LEHOR** **4-28-95** **305-448-4213**

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

Date

Daytime Phone #