## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N40103**

1. Entity Name
VILLAGE WEST WAREHOUSE CONDOMINIUM
ASSOCIATION, INC.



FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90065 021 \*\*\*\*61.25

Principal Place of Business	
THE FOSTER COMPANY	
P.O. BOX 565820	
MIAMI EL 222EC EGOO LI	£

Mailing Address THE FOSTER COMPANY

2. Principal Place of Business    Sullin, April 4, 960.   Sulling Address   Sullin, April 4, etc.   Sullin, April 4, etc.   Sullin, April 4, 960.   Sullin, April 5, 500.   Sullin, April 6, 500.   Su	MIAMI, FL 33256-5820 US MIAMI, FL 33256-5820 US											
City & Suity   Country   City & State   City & City & State   City	2. Principal Place of Business 3. Mailing Address											
Signature   Country   Co	12396 SW 82 HVE 12396 SW 82					01092004 Chg-NP CR2E037 (10/03)						
SCOTT, F. JOSEPH 12394 S.W. &Z AVE MIAMI, FL 33156  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. 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. I am familiar with, and accept the odigators of registered agent.  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2004  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OWNER SIREET ADDRESS  SOON NW 29TH ST  UNAMI, FL  SARDI, CARLOS  SIREET ADDRESS  SIRET A	MIAMI FL MIAMI, FL			72			72		<b>→</b>	·		
SCOTT, F. JOSEPH 12394 S.W. 82 AVE MIAMI, FL 33156  City FL Zip Code  City FL Zip Co	Zip 39	156 Country U.5	<sup>2ip</sup> 33156	Country		5. Certificate of	Status Desired					
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable in Acceptable)  Street Address (P.O. Box Number is Not Acceptable in Acceptable)  Street Address (P.O. Box Number is Not Acc		6. Name and Address of Current	Registered Agent	د ، دختنه خوه ندسته د		7. Name and Ad	Idress of New	Registered Aq	jent			
Street Address (P.C. Box Number is Not Acceptable)	COOTT F	IOSERII		Name								
Either above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hord or printed name of registered agent with life if applicable.   (NOTE Registered Agent signature request when recisions)   DATE	12394 S.W. 82 AVE				Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, bodd or prived name of registered agent and Mile if applicable.	,			-								
SIGNATURE    Signature, toped or printed came of registered agent, and late 1 applicable.   (NOTE, Registered Apart Signature required when reintating)   DATE				City	City FL Zip Code							
Filling Fee is \$61.25 Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME SIREET ADDRESS 6009 NW 29TH ST CITY-ST-2P  TITLE NAME SARDI, CARLOS SIREET ADDRESS 6003 NW 29TH ST CITY-ST-2P  MIAMI, FL  TITLE DAGRES 6003 NW 29TH ST CITY-ST-2P  MIAMI, FL  TITLE DAGRES 6003 NW 29 ST CITY-ST-2P  MIAMI, FL  TITLE NAME SARDI, ADOL STREET ADDRESS 6003 NW 29 ST CITY-ST-2P  MIAMI, FL  TITLE NAME SARDI, ADOL STREET ADDRESS 6003 NW 29 ST CITY-ST-2P  MIAMI, FL  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL												
Filling Fee is \$61.25 Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME SIREET ADDRESS 6009 NW 29TH ST CITY-ST-2P  TITLE NAME SARDI, CARLOS SIREET ADDRESS 6003 NW 29TH ST CITY-ST-2P  MIAMI, FL  TITLE DAGRES 6003 NW 29TH ST CITY-ST-2P  MIAMI, FL  TITLE DAGRES 6003 NW 29 ST CITY-ST-2P  MIAMI, FL  TITLE NAME SARDI, ADOL STREET ADDRESS 6003 NW 29 ST CITY-ST-2P  MIAMI, FL  TITLE NAME SARDI, ADOL STREET ADDRESS 6003 NW 29 ST CITY-ST-2P  MIAMI, FL  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL	_											
Filling Fee is \$61.25 Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME SIREET ADDRESS 6009 NW 29TH ST CITY-ST-2P  TITLE NAME SARDI, CARLOS SIREET ADDRESS 6003 NW 29TH ST CITY-ST-2P  MIAMI, FL  TITLE DAGRES 6003 NW 29TH ST CITY-ST-2P  MIAMI, FL  TITLE DAGRES 6003 NW 29 ST CITY-ST-2P  MIAMI, FL  TITLE NAME SARDI, ADOL STREET ADDRESS 6003 NW 29 ST CITY-ST-2P  MIAMI, FL  TITLE NAME SARDI, ADOL STREET ADDRESS 6003 NW 29 ST CITY-ST-2P  MIAMI, FL  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL  TITLE SD  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL	SIGNATURE											
Trust Fund Contribution.   Added to Fees   Florida Department of State	SIGNATORE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signat	ure required v	when reinstating)		DATE				
Trust Fund Contribution.   Added to Fees   Florida Department of State	· · · · · · · · · · · · · · · · · · ·						<del></del>					
ITILE NAME LAU, BARRY   Delete NAME STREET ADDRESS   CITY-ST-ZIP    TITLE PD		•								, v.,		
NAME SIREET ADDRESS CITY-ST-ZIP  NAME NAME SIREET ADDRESS CITY-ST-ZIP  NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP  NAME NAME NAME NAME NAME NAME NAME NAM	10.	OFFICERS AND DI	RECTORS	11.	А	DDITIONS/CHAN	GES TO OFFIC	ERS AND DIRE	ECTORS IN	10		
NAME SITEET ADDRESS STREET ADDRESS S	TITLE	SD PD	☐ Delete	TITLE				•	☐ Change	Addition		
CITY-ST-ZIP  MIAMI, FL  PD  Delete  STREET ADDRESS CITY-ST-ZIP  MIAMI, FL  Delete  NAME  STREET ADDRESS CITY-ST-ZIP  MIAMI, FL  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-	NAME	LAU, BARRY		NAME								
TITLE NAME SARDI, CARLOS SITERET ADDRESS CITY-ST-ZIP MIAMI, FL  D Delete NAME SARDI, ADOL SIREET ADDRESS CITY-ST-ZIP MIAMI, FL  D Delete NAME SARDI, ADOL SIREET ADDRESS CITY-ST-ZIP MIAMI, FL  D Delete NAME SIREET ADDRESS CITY-ST-ZIP MIAMI, FL  D Delete NAME SIREET ADDRESS CITY-ST-ZIP  TITLE	STREET ADDRESS	8009 NW 29TH ST		STREET ADDRESS								
NAME SIRET ADDRESS CITY-ST-ZIP MIAMI, FL  Delete SARDI, ADOL SARDI	CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZP MIAMI, FL  Delete STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  NAME STR	TITLE	PD	Delete	TITLE					☐ Change	Addition		
CITY-ST-ZIP  MIAMI, FL  D SARDI, ADOL SIREET ADORESS CITY-ST-ZIP  MIAMI, FL 33122  CITY-ST-ZIP  MIAMI, FL 33122  CITY-ST-ZIP  12.   hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		SARDI, CARLOS	<b>74</b> *****							_		
TITLE   D   Delete   TITLE   NAME   SARDI; ADOL   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL 33122   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL 33122   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL 33122   Delete   TITLE   SD   Delete   TITLE   SD   Delete   TITLE   SD   Delete   TITLE   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL 33122   Delete   TITLE   Del	STREET ADDRESS	8003 NW 29TH ST.		STREET ADDRESS		•						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP STREE	CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP STREE	TITLE	D	<b>▼</b> ∩alete	TITLE					Change	Addition		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-S						-			onlongs			
CITY-ST-ZIP  MIAMI, FL 33122  CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information												
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SD  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SD  TITLE SD  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SD												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE SD TITLE SD TITLE SD TITLE TITLE SD TITLE	TITL C	·	□ Delete	TITLE	1/01	D .			☐ Change	▼ Addition		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT			□ Delete				RTE		Onego	A radiation		
CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-					291	7 NW82	AJR					
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP				1								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TITLE		□ Delete	TITLE	50				Change	1X Addition		
CITY-ST-ZIP  CITY-			Duluto		FER	NAMOO <	080					
CITY-ST-ZIP  CITY-					801	5 NW29	57					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information					MI	DMI, FL	33122					
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information			∏ ∩alata	TITLE	<u> </u>		<del></del>		☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		•										
CITY-ST-ZIP CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information												
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this record or supplemental report is true and encurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director.				CITY-ST-ZIP		-						
	12. I hereby	certify that the information supplied wit	h this filing does not qualify for the	the exemption sta	ted in Sec	ction 119.07(3)(i),	Florida Statutes	s. I further certi	fy that the in	formation 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR