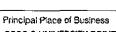
## 06 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

**/UMENT # N42015** 

1. Entity Name

WEST SUNRISE COMMERCIAL PARK ASSOCIATION,

**FILED** Mar 14, 2006 08:00 AM Secretary of State



DAVIE, FL 33328

210

Mailing Address

3325 S UNIVERSITY DRIVE

3325 S UNIVERSITY DRIVE

210

**DAVIE, FL 33328** 



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TO SEE OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

01192006 No Chg-NP GR2E037 (11/05)

4. FEI Number 65-0339822

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

COHEN, HAL J 3325 S ÚNIVERSITY DRIVE SUITE 210 **DAVIE, FL 33328** 

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

<ol> <li>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 obligations of registered agent.</li> </ol>						
SIGNATURE_ Signature, typed or printed name of registered egent and title it applicable. (NOTE, Registered Agent signature required when reinstating)  DATE						
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			<del></del>	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD COHEN, HAL J 3325 S UNIVERSITY DRIVE SUITE 2' DAVIE, FL 33328	16			######################################	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						