

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766415 (4)**
1. Corporation Name
WEST OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
833 WEST AVENUE MIAMI BEACH FL 33139 **833 WEST AVENUE MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/06/1983 | 3a. Date of Last Report 06/24/1994 |
| 4. FEI Number 59-2472925 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Surt. Apt. #, etc. | 26 Surt. Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 Zip Country | 29 Zip Country |
| 25 Zip Country | 30 Zip Country |

9. Name and Address of Current Registered Agent
**KESSLER, FRANKLIN
WESTOAK CONDO ASSOC.
833 WEST AVE., UNIT 503
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81 Name **PETER RAFFALSKI**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **833 WEST AVE., Unit 503**
84 City **MIAMI BEACH** FL 85 Zip Code **33139**

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 agent 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 607.0509, Florida Statutes.

SIGNATURE *[Signature]* **PETER RAFFALSKI, President** DATE **5/1/95**
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE PD | KESSLER, FRANK M 833 W. AVE., #503 MIAMI BEACH FL 33139 |
| TITLE SD | GASTON, ALICE 6707 SW 25 ST. MIAMI FL 33185 |
| TITLE TD | ARCAS, MIGUEL 833 WEST AVENUE, #201 MIAMI BEACH FL |
| TITLE D | MESA, LUZ 833 W. AVE., #502 MIAMI BEACH FL 33139 |
| TITLE | |
| TITLE | |
| TITLE | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME Peter RAFFALSKI | |
| 13 STREET ADDRESS 833 WEST AVE., Unit 503 | |
| 14 CITY - ST - ZIP MIAMI BEACH, FL 33139 | |
| 21 TITLE VICE - PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME ROBERT KNOTT | |
| 23 STREET ADDRESS 833 WEST AVE # 404 | |
| 24 CITY - ST - ZIP MIAMI BEACH, FL 33139 | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 110.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE: *[Signature]* **PETER RAFFALSKI, President** DATE **5/1/95** **305-531-4648**
Signature and Typed or Printed Name of Signing Officer or Director (Date) (Telephone No.)