

FILE NOW: FILING FEE IS \$61.25

FILED
Sep 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766415 (4)
 1. Corporation Name
WEST OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 833 WEST AVENUE MIAMI BEACH FL 33139	Mailing Address 833 WEST AVENUE MIAMI BEACH FL 33139-5571
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3. Date Incorporated or Qualified 01/06/1983	3a. Date of Last Report 09/06/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2472925	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

RAFFALSKI, PETER
833 WEST AVE.
UNIT 503
MIAMI BEACH FL 33139

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-listing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME RAFFALSKI, PETER	
STREET ADDRESS 833 WEST AVE. #503	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE VP	<input type="checkbox"/> DELETE
NAME KNOTT, ROBERT	
STREET ADDRESS 833 WEST AVE., #404	
CITY-ST-ZIP MIAMI BEACH FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME ARCAS, MIGUEL	
STREET ADDRESS 833 WEST AVENUE, #201	
CITY-ST-ZIP MIAMI BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MESA, LUZ	
STREET ADDRESS 833 W. AVE., #502	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE DS	<input type="checkbox"/> DELETE
NAME SALGADO, MARIA	
STREET ADDRESS 833 WEST AVE #405	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)

8/24/97 205-381-9088