

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90003 024 \*\*\*\*61.25

**DOCUMENT # 766415**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**01/06/1983**

4. FEI Number

**59-2472925**

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**

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 **Ivonne Mezquia**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**833 West Ave. #204**

**83**

**84** City **Miami Beach** **FL** **85** Zip Code **33139**

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

(NOTE: Registered Agent signature required when reinstating)

**2/22/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **MEZA, LUZ**  
STREET ADDRESS **833 WEST AVE, #502**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VP** ☐ DELETE  
NAME **KNOTT, ROBERT**  
STREET ADDRESS **833 WEST AVE., #404**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **TD** ☐ DELETE  
NAME **SOORUS, SHANE**  
STREET ADDRESS **833 WEST AVE, #504**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ DELETE  
NAME **ANDREU, JUAN**  
STREET ADDRESS **1094 SW 135 COURT**  
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **DS** ☐ DELETE  
NAME **PINO, EMILIA**  
STREET ADDRESS **833 WEST AVE, #305**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition  
1.2 NAME **Ivonne Mezquia**  
1.3 STREET ADDRESS **833 West Ave #204**  
1.4 CITY-ST-ZIP **Miami Beach FL 33139**

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

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director

**2/22/99** **305-673-2146**  
Date Daytime Phone #

CR2E037 (11/98)