


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90057 017 ****61.25

DOCUMENT # 734849					
1. Entity Name WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, INC.					
Principal Place of Business 131 SW 109 AVE MIAMI, FL 33174 US		Mailing Address 400 SW 107 AVE. #312 MIAMI, FL 33174 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1775204	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NUNEZ, HECTOR 120 SW 108TH AVENUE #1-4 MIAMI, FL 33174			Name 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 obligations of registered agent.					
SIGNATURE <i>X</i>			DATE 4/19/2007		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NUNEZ, HECTOR	NAME	LUIS FAJARDO		
STREET ADDRESS	120 SW 108TH AVE, #1-4	STREET ADDRESS	130 SW 108 AV. #J10		
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	MIAMI FL 33174		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALMIERI, BERTHA	NAME			
STREET ADDRESS	10851 S.W. 2ND ST. K-203	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALGADO, ANTONIO	NAME			
STREET ADDRESS	10851 SW 2ND ST #K-305	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARCIA, DAISY	NAME			
STREET ADDRESS	10851 SW 2ND ST #K-301	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRISEL, HERRERA	NAME			
STREET ADDRESS	120 SW 108TH AVE #1-1	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, LUIS	NAME			
STREET ADDRESS	10851 S.W. 2ND ST., #K-307	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP			
12. I hereby 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					
SIGNATURE: <i>X</i>			Hector Nunez 4/19/2007 (305) 220-5684		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		