


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 766415 1. Entity Name WEST OAKS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 833 WEST AVENUE APT 503 MIAMI BEACH FL 33139	Mailing Address 833 WEST AVENUE APT 503 MIAMI BEACH FL 33139
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

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. Name and Address of Current Registered Agent ZERQUERA, NANCY 833 WEST AVE. APT #503 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-stating)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete P ZERQUERA, NANCY 833 WEST AVE #503 MIAMI BEACH FL 33139	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	833 WEST AVE #503	NAME	1100000828450 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/26/08-80001-011 61.25
STREET ADDRESS	MIAMI BEACH FL 33139	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete VP MEZA, MARILUZ 833 WEST AVE #502 MIAMI BEACH FL 33139	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	833 WEST AVE #502	NAME	
STREET ADDRESS	MIAMI BEACH FL 33139	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete T AGUILAR, RICHARD 757 NW 27 AVE #204 MIAMI FL 33139	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	757 NW 27 AVE #204	NAME	
STREET ADDRESS	MIAMI FL 33139	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete S DOEBLER, DAVID 833 WEST AVE #404 MIAMI BEACH FL 33139	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	833 WEST AVE #404	NAME	
STREET ADDRESS	MIAMI BEACH FL 33139	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete D GOMEZ, MAGALY 833 WEST AVE, #301 MIAMI BEACH FL 33139	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	833 WEST AVE, #301	NAME	
STREET ADDRESS	MIAMI BEACH FL 33139	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nancy Zerquera* 2/10/08 305532-0921