

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 10 AM 9:57

DOCUMENT # **N05000009047**

1. Entity Name
**ONE MIAMI WEST CONDOMINIUM
ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
335 S. BISCAYNE BLVD.

Suite, Apt. #, etc.
SUITE #200

City & State
MIAMI, FL

Zip
33131

Country
USA

3. Mailing Address
335 S. BISCAYNE BLVD

Suite, Apt. #, etc.
SUITE #200

City & State
MIAMI, FL

Zip
33131

Country
USA

CR2E037B (5/07)

4. FEI Number
20-3454090

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HYMAN, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)
**HYMAN, SPECTOR & MARS, P.A.
150 WEST FLAGLER STREET, 27th FLOOR**

City **MIAMI** State **FL** Zip Code **33131**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P oded Abravanel 325 S. Biscayne Blvd, # 515 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Mohan Sundaram 325 S. Biscayne Blvd, # 2115 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rawny Garay 325 S. Biscayne Blvd, # 2719 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400135962064
09/16/08--01016--013 **70.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/08 305 794 2614



Page 2

**ONE MIAMI WEST
Condominium Association, Inc.**

September 4, 2008

Division of Corporations
Attn: Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that the attached Annual Report applies to **One Miami West Condominium Association, Inc. (document #N05000009047)**.

The current listed officers **MUST BE DELETED** and replaced by the new current officers.

*Officers to be DELETED are as follows:

- Gerald Goger / President – **DELETE**
- Christopher Paris / Vice President – **DELETE**
- Oded Abravanel / Secretary & Treasurer – **DELETE**

*NEW Officers TO BE ADDED:

- Oded Abravanel / President – **ADD**
- Mohan Sundaram / Vice President & Secretary – **ADD**
- Rawny Garay / Treasurer – **ADD**

Should you need any further information, please feel free to contact our office number at 786-425-1515 between office hours Monday – Friday, 9am to 5pm.

Sincerely,

Irene Blandon
Assistant Manager