

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000519

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: 9900 WEST CORPORATION, INC.

## Current Principal Place of Business:

9900 WEST BAY HARBOR DRIVE  
BAY HARBOR ISLAND, FL 33154

## New Principal Place of Business:

## Current Mailing Address:

9900 WEST BAY HARBOR DRIVE  
BAY HARBOR ISLAND, FL 33154

## New Mailing Address:

FEI Number: 65-0666676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTANA, FRANCIS X  
28 WEST FLAGLER ST.  
SUITE 500  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEGRAND, YATHA  
Address: 9900 W BAYHARBOR DR., APT 6  
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154

Title: D ( ) Delete  
Name: RODRIGUEZ, ANNIE  
Address: 9900 WEST BAY HARBOR DRIVE APT 3  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: PD ( ) Delete  
Name: LASKY, DAVID  
Address: 9900 WEST BAY HARBOR DRIVE APT 1  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: DT ( ) Delete  
Name: TURNER, JEFFREY C  
Address: 9900 WEST BAY HARBOR DRIVE APT 2  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: VPD ( ) Delete  
Name: PORTELA, JOSEPH  
Address: 9900 WEST BAY HARBOR DRIVE APT 4  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: D ( ) Delete  
Name: SANTANA, FRANCIS X  
Address: 9900 WEST BAY HARBOR DRIVE APT 5  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LEGRAND, YATHA  
Address: 9900 W BAY HARBOR DR., APT 6  
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LASKY

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date