

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766415

FILED
Apr 15, 2009
Secretary of State

Entity Name: WEST OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

833 WEST AVENUE
APT 503
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

833 WEST AVENUE
APT 503
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2472925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZERQUERA, NANCY
833 WEST AVE.
APT #503
MIAMI BEACH, FL 33139 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: P () Delete
Name: ZERQUERA, NANCY
Address: 833 WEST AVE #503
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: MEZA, MARILUZ
Address: 833 WEST AVE #502
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: AGUILAR, RICHARD
Address: 757 NW 27 AVE #204
City-St-Zip: MIAMI, FL 33139

Title: S () Delete
Name: DOEBLER, DAVID
Address: 833 WEST AVE #404
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: GOMEZ, MAGALY
Address: 833 WEST AVE, #301
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NANCY ZERQUERA

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date