

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766415

**Entity Name:** WEST OAKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

833 WEST AVENUE  
APT 503  
MIAMI BEACH, FL 33139

**FILED**  
**Mar 13, 2019**  
**Secretary of State**  
**4038690575CC**

**Current Mailing Address:**

833 WEST AVENUE  
APT 503  
MIAMI BEACH, FL 33139

**FEI Number: 59-2472925**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOMEZ, MICHAEL W  
1930 TYLER STREET  
HOLLYWOOD, FL 33020 US

*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

**Officer/Director Detail :**

Title P  
Name ZERQUERA, NANCY  
Address 833 WEST AVE #503  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name KARWAN, KEENAN  
Address 833 WEST AVE #304  
City-State-Zip: MIAMI BEACH FL 33139

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

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

Title D  
Name CANSECO, MICHELE  
Address 833 WEST AVE #201  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name MEZA, LUZ MARIA  
Address 833 WEST AVE APT 502  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE: NANCY ZERQUERA**

**PRESIDENT**

**03/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date