

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717438

FILED
Apr 25, 2008
Secretary of State

Entity Name: WEST COURT CONDOMINIUM, INC.

Current Principal Place of Business:

1615 WEST AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

POB 415342
MIAMI BEACH, FL 33141

New Mailing Address:

PO BOX 415342
MIAMI BEACH, FL 33141

FEI Number: 59-1626985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE WALL MANAGEMENT
1440 J.F. KENNEDY CAUSEWAY
SUITE 429-C
NORTH BAY VILLIAGE, FL 33141 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: S () Delete
Name: DAVIS, ARTHUR J
Address: 1615 W AVE, # 402
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: MALLINCKRODT, GARY
Address: 1615 WEST AVE, # 202
City-St-Zip: MIAMI BEACH, FL 33139

Title: V () Delete
Name: BORRELL, ROSALINDA
Address: 1615 WEST AVE # 401
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: HERNANDEZ, NEIDA
Address: 1615 W AVE, #505
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: SULLIVAN, DENNIS
Address: 1615 WEST AVE, # 404
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: VP (X) Change () Addition
Name: BORRELL, ROSALINDA
Address: 1615 WEST AVE # 401
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: P (X) Change () Addition
Name: SOBRIN, ROSA
Address: 1615 WEST AVE, # 403
City-St-Zip: MIAMI BEACH, FL 33139

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: ORLANDO DE LUIZ

RA

04/25/2008

Electronic Signature of Signing Officer or Director

Date