


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 718437</b>		
1. Entity Name <b>DELWOOD WEST CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>6201 SW 37TH STREET #111 DAVIE, FL 33314</b>		Mailing Address <b>6201 SW 37TH STREET DAVIE, FL 33314</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02142007 No Chg-NP CR2E037 (4/06)
		4. FEI Number <b>59-1891988</b>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>MELUNEY, RALPH 6201 SW 37TH STREET, #111 DAVIE, FL 33314</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERRICCHIO, AL 6201 SW 37 STREET #203 DAVIE, FL 33314	<b>DO NOT WRITE IN THIS SPACE</b>  UD00000638815 02/27/07-80027-016 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONELIAS, PHILL 6201 SW 37ST, # 201 DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELUNEY, RALPH 6201 SW 37ST, #111 DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JOAN 14330 NW 11 ST PEMBROKE PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOYTEK, AL 6201 SW 37 ST # 110 DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Ralph MeluneY, Treasurer</i> 2/15/07 954-587-3702 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		