


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 718437 1. Entity Name 1 DELWOOD WEST CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6201 SW 37TH STREET #111 DAVIE, FL 33314	Mailing Address 6201 SW 37TH STREET DAVIE, FL 33314
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01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1891988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MELUNEY, RALPH 6201 SW 37TH STREET, #111 DAVIE, FL 33314

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERRICCHIO, AL 6201 SW 37 STREET #203 DAVIE, FL 33314
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	

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02/26/08-80101-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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 *Ralph Meluney, Treasurer* **2/15/08** **954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
587-3702