

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718437

FILED
Jan 31, 2009
Secretary of State

Entity Name: I DELWOOD WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6201 SW 37TH STREET
#111
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6201 SW 37TH STREET
DAVIE, FL 33314

New Mailing Address:

6201 SW 37TH STREET
#111
DAVIE, FL 33314

FEI Number: 59-1891988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELUNEY, RALPH
6201 SW 37TH STREET, #111
DAVIE, FL 33314 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: PD () Delete
Name: SERRICCHIO, AL
Address: 6201 SW 37 STREET #203
City-St-Zip: DAVIE, FL 33314

Title: VPD () Delete
Name: CONELIAS, PHILL
Address: 6201 SW 37ST, # 201
City-St-Zip: DAVIE, FL 33314

Title: TD () Delete
Name: MELUNEY, RALPH,
Address: 6201 SW 37ST, #111
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: COHEN, JOAN
Address: 14330 NW 11 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S () Delete
Name: VOYTEK, AL
Address: 6201 SW 37 ST # 110
City-St-Zip: DAVIE, FL 33314

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: RALPH MELUNEY

TD

01/31/2009

Electronic Signature of Signing Officer or Director

Date