

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725025

FILED
Apr 12, 2009
Secretary of State

Entity Name: WEST AVE. CONDOMINIUM, INC.

Current Principal Place of Business:

1580 WEST AVE., #205
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1580 WEST AVE. #207
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1733161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEARMAS, MARIA C
1580 WEST AVE. #207
MIAMI BEACH, FL 331392331 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: D () Delete
Name: DEARMAS, MARIA C
Address: 1580 WEST AVE. #207
City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete
Name: AMUNDARAY, JUAN C
Address: 1580 WEST AVE #401
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: ACEVEDO, ISAIAS
Address: 1580 WEST AVE #308
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: DIAZ, ROBERTO
Address: 1580 WEST AVE #204
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: MCCORMICK, RICHARD
Address: 1580 WEST AVE. #402
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: NIELSEN, HENRIK
Address: 1580 WEST AVE. #501
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: () 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: MARIA C DEARMAS

D

04/12/2009

Electronic Signature of Signing Officer or Director

Date