2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

4/1/207 (305) 220-5684

Daytime Phone #

			<u> </u>			CICLA	ny or su	aic	
DOCUMENT # 734849 1. Entity Name WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, INC.							90070 037 ****61		
Principal Place of Business Mailing Address									
131 SW 109 AVE		400 SW 107 AVE.				•			
MIAMI, FL 33174 US		#312 MIAMI, FL 33174 US				·			
			-						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					ii:		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				hg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number 59-177520)4	├	pplied For of Applicable	
⁻ Zip	Country	Zip	Country		5: Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							Registered Agent		
MUNICZ L	ECTOR		Name						
	08TH AVENUE		Street Address			(P.O. Box Number is Not Acceptable)			
#I-4 MIAMI, FL 33174									
/			City	City FL Zip Code					
8. The above named entity submits this flatement 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.									
inc opiiga	All All						. 11.		
SIGNATURE X 4 1 208									
Signature, typed or printed namy of registres agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees		Make check payable orida Department of S		
10.	OFFICERS AND DI	RECTORS	11.			ES TO OFFIC	ERS AND DIRECTORS II	N 10	
TITLE	PD	☐ Delete	TITLE	5/6			☐ Change	Addition	
NAME STREET ADDRESS	NUNEZ, HECTOR 120 SW 108TH AVE, #I-4		NAME STREET ADDRESS	A11	15. W, 109	32	# M-6		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	15		3317	14		
TITLE	VD	☐ Delete	TITLE	1	Colom, Po	<u> </u>	☐ Change	Addition	
NAME	PALMIERI, BERTHA	_ 00000	NAME	MA	irlan Mo	him		<u></u>	
STREET ADDRESS	10851 S.W. 2ND ST. K-203		STREET ADDRESS	134	S.W. 10	8 Ave.	45-3		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	│ ^ ◇		<u> </u>			
TITLE NAME	D FAJARDO, LUIS	☐ Deiele	TITLE NAME	1 20	ris Mar		☐ Change	Addition	
STREET ADDRESS	130SW 108 AVE #J10		STREET ADDRESS	14	2-2-5 5.60	STL	ane #6		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	H	225 S.W.	FC 331	82		
TITLE	SD	☐ Delete	TITLE				☐ Change	Addition	
NAME	GARCIA, DAISY		NAME						
STREET ADORESS CITY-ST-ZIP	10851 SW 2ND ST #K-301 MIAMI, FL 33174		STREET ADORESS CITY-ST-ZIP						
TITLE	D	Delete	TITLE				☐ Change	☐ Addition	
NAME	MARTINEZ, LUIS	Delete	NAME						
STREET ADDRESS	10851 S.W. 2ND ST., #K-307		STREET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-Z#P	ļ					
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		(1)				
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemptions	contained	in Chapter 119, Flo	rida Statutes.	I further certify that the	information	
of the co	rporation or the receiver or trustee emp	owered to execute this report	as required by Ch	nave the napter 617	same legal ellect as 7, Florida Statutes; ar	nd that my nar	me appears in Block 10	or Block 11 if	
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.									
		(4)(1)(1)							

SIGNATURE AND TYPED OR PRINTENAME OF SIGNING OFFICER OR DIRECTOR PRINTEN