



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 013 ****61.25

DOCUMENT # 743107					
1. Entity Name ARVIDA PARK OF COMMERCE WEST ASSOCIATION, INC.					
Principal Place of Business 5000 T-REX AVE SUITE 160 BOCA RATON, FL 33431 US		Mailing Address 5000 T-REX AVE SUITE 160 BOCA RATON, FL 33431 US		<p style="font-size: 24pt; text-align: center;">50001364</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1894143	
				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				7. Name and Address of New Registered Agent	
BERNASEK, VIVIAN % T-REX INVESTMENT MANAGEMENT, LLC 5000 T-REX AVE, SUITE 160 BOCA RATON, FL 33431				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAWSKI, JAMES		NAME	Renata Sabb	
STREET ADDRESS	5600 BROKEN SOUND BLVD		STREET ADDRESS	5600 Broken Sound Blvd.	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, KAREN		NAME		
STREET ADDRESS	5400 BROKEN SOUND BLVD NW		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWE, MELISSA		NAME	Melissa Crowe	
STREET ADDRESS	777 GLADES RD SUITE 135		STREET ADDRESS	6111 Broken Sound Pkwy, NW	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROBEL, KEVIN		NAME	Andy Petry	
STREET ADDRESS	777 YAMATO RD SUITE 135		STREET ADDRESS	777 Yamato Road, #135	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERWILLIGER, JOHN		NAME	John Terwilliger	
STREET ADDRESS	1150 BROKEN SOUND PKWY, NW		STREET ADDRESS	1150 Broken Sound Pkwy, NW	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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, 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: _____		JOHN TERWILLIGER		3-20-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				561-989-2419	