

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90088 042 ****61.25

DOCUMENT # 764852

1. Entity Name
**WEST FLAGLER OFFICE CONDOMINIUM ASSOCIATION,
INC**



Principal Place of Business
**8550 WEST FLAGLER STREET
111
MIAMI, FL 33144 US**

Mailing Address
**8550 W FLAGLER ST
111
MIAMI, FL 33144-2037 US**

50011009



01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2221432

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CERVANTES, JESUS
8550 W. FLAGLER ST.
#120
MIAMI, FL 33144**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDREWS, LOUIS F
STREET ADDRESS 8550 W FLAGLER ST #101
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME ALONSO, MARTHA
STREET ADDRESS 2550 W FLAGLER ST #118
CITY-ST-ZIP MIAMI, FL 33144

TITLE TD
NAME HERNANDEZ, VIVIAN
STREET ADDRESS 8550 W. FLAGLER ST #119
CITY-ST-ZIP MIAMI, FL 33144

TITLE D
NAME ABUD, CHARBEL
STREET ADDRESS 8550 W. FLAGLER ST #116
CITY-ST-ZIP MIAMI, FL 33144

TITLE D
NAME LING, MARTIN F
STREET ADDRESS 8550 W FLAGLER ST., #117
CITY-ST-ZIP MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

2/21/05

305-553-7029