


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2221432	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CERVANTES, JESUS 8550 W. FLAGLER ST. #120 MIAMI, FL 33144

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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000726141 05/03/07-80049-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, LOUIS F 8550 W FLAGLER ST #101 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, MARTHA 2550 W FLAGLER ST #118 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, VIVIAN 8550 W. FLAGLER ST #119 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABUD, CHARBEL 8550 W. FLAGLER ST #116 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LING, MARTIN F 8550 W FLAGLER ST., #117 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 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: 	President 4/19/07	305-553-7029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		