

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764852

FILED
Feb 04, 2009
Secretary of State

Entity Name: WEST FLAGLER OFFICE CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

8550 WEST FLAGLER STREET
111
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

8550 W FLAGLER ST
111
MIAMI, FL 331442037 US

New Mailing Address:

FEI Number: 59-2221432 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CERVANTES, JESUS
8550 W. FLAGLER ST.
#120
MIAMI, FL 33144 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: PD () Delete
Name: ANDREWS, LOUIS F
Address: 8550 W FLAGLER ST #101
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ALONSO, MARTHA
Address: 2550 W FLAGLER ST #118
City-St-Zip: MIAMI, FL 33144

Title: TD () Delete
Name: SANCHEZ, DELIA
Address: 8550 W FLAGLER ST #111
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: ABUD, CHARBEL
Address: 8550 W. FLAGLER ST #116
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: LING, MARTIN F
Address: 8550 W FLAGLER ST., #117
City-St-Zip: MIAMI, FL 33144

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:

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: LOUIS F ANDREWS

PSD

02/04/2009

Electronic Signature of Signing Officer or Director

Date