

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006343

FILED
Jan 20, 2009
Secretary of State

Entity Name: WALKER AVENUE COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17304 WALKER AVENUE
MIAMI, FL 33157

New Principal Place of Business:

17304 WALKER AVENUE
116
MIAMI, FL 33157

Current Mailing Address:

17304 WALKER AVE
102
MIAMI, FL 33157

New Mailing Address:

17304 WALKER AVE
116
MIAMI, FL 33157

FEI Number: 20-0093881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALOR, OWEN
17304 WALKER AV
SUITE 102
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

SCHELE, SVEN
17304 WALKER AV
SUITE 120
MIAMI, FL 33157 US

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: SVEN SCHELE

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, OWEN
Address: 17304 WALKER AVE #102
City-St-Zip: MIAMI, FL 33157

Title: VPT () Delete
Name: WATSON, SHEILA SIMMS
Address: 17304 WALKER AVE #116
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHELE, SVEN
Address: 17304 WALKER AVE #120
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: RAMKISHUN, HANSRAJ
Address: 17304 WALKER AVE #111
City-St-Zip: MIAMI, FL 33157

Title: D () Change (X) Addition
Name: BROWN, HARRELL
Address: 21300 SW 97 AVE
City-St-Zip: MIAMI, FL 33189

Title: D () Change (X) Addition
Name: SANJURJO, GUSTAVO
Address: 500 SAVONA AVE
City-St-Zip: CORAL GABLES, FL 33146

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: SVEN SCHELE

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date