

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005467

FILED
Jan 09, 2009
Secretary of State

Entity Name: WEST OF THE HIGHWAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

8465 S.W. 120TH STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

8465 S.W. 120TH STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOWNS, CRAIG T ESQ.
55 MIRICLE MILE
SUITE 200
CORAL GABLES, FL 33134 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: D () Delete
Name: GEHR, JOHN
Address: 8465 S.W. 120TH STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: REDLICH, STEVE
Address: 8500 S.W. 119TH STREET
City-St-Zip: MIAMI, FL 33156

Title: DV () Delete
Name: SALAS, NORMAN
Address: 8600 S.W. 120TH STREET
City-St-Zip: MIAMI, FL 33156

Title: P () Delete
Name: WILD, ROBERT A
Address: 8600 S.W. 120TH STREET
City-St-Zip: MIAMI, FL 33156

Title: V () Delete
Name: OURSLER, NICOLE
Address: 8465 S.W. 120TH STREET
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: LINGLE, SUSIE
Address: 8465 S.W. 120TH STREET
City-St-Zip: MIAMI, FL 33156

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:

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: ROBERT WILD

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date