

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90033 049 ****61.25

DOCUMENT # N06000009849 1. Entity Name WEST PARK INDUSTRIAL CENTER II ASSOCIATION, INC.			
Principal Place of Business 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442		Mailing Address 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business - No P.O. Box # 585 & 581 Mercantile PL		Mailing Address 90 Haag Management INC	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 2295 NW Corporate Blvd	
City & State Port St. Lucie		City & State Boca Raton, FL	
Zip 		Zip 33431	
Country 		Country Palm Beach - USA	
4. FEI Number 70-5597286		Applied For <input type="checkbox"/> Not Applicable	
Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STALLONE, ANDREW 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent 90 Haag Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 2295 NW Corporate Blvd, Suite 138 City Boca Raton, FL	
Zip Code 33431			
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 <u><i>Larry Morina</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLMAN, EDWARD 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV STALLONE, ANDREW 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DONALD 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>ANDREW STALLONE</i></u>		Date <u><i>1/31/07</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone <u><i>6397</i></u>	