

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90044 047 ****61.25

DOCUMENT # N06000009849					
1. Entity Name WEST PARK INDUSTRIAL CENTER II ASSOCIATION, INC.					
Principal Place of Business 585&581 MERCANTILE PL PORT ST. LUCIE,			Mailing Address C/O HAAG MANAGEMENT INC 2295 NW CORPORATE BLVD BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-5592286				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C/O HAAG MANAGEMENT, INC 2295 NW CORPORATE BLVD SUITE 138 DEERFIELD BEACH, FL 33442			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 <input checked="" type="checkbox"/> Delete 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sherwood Savage 3300 N. State Rd 7 Box 455 Hollywood FL 33021	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSTV <input type="checkbox"/> Delete STALLONE, ANDREW 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition All else same	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete WHITE, DONALD 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Bob Dumont <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 585 NW Mercantile PL Unit 103 Port St. Lucie FL 34986	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <i>AS</i> ANDREW STALLONE			1/12/07 954 978 8000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					