


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-24-2008 90044 045 \*\*\*\*61.25

<b>DOCUMENT #</b> N07000000348	
1. Entity Name <b>WEST PARK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFILED BEACH, FL 33442</b>	Mailing Address <b>1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFILED BEACH, FL 33442</b>
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2. Principal Place of Business - No P.O. Box # <b>2295 NW Corporate Blvd Suite, Apt. #, etc. SUITE 138</b>	3. Mailing Address <b>2295 NW Corporate Blvd Suite, Apt. #, etc. SUITE 138</b>
City & State <b>Boca Raton FL</b>	City & State <b>Boca Raton FL</b>
Zip <b>33431</b>	Country <b>Palm Beach</b>

40009780



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-8809198</b>		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 <b>STALLONE, ANDREW 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFILED BEACH, FL 33442</b>		7. Name and Address of New Registered Agent Name <b>H239 Management Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2295 NW Corporate Blvd. Suite 138</b> City <b>Boca Raton</b> FL Zip Code <b>33431</b>

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

*Laurence J. Morina*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/08

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	DPT ELLMAN, EDWARD 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFILED BEACH, FL 33442 <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	DVPS STALLONE, ANDREW 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFILED BEACH, FL 33442 <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	D ASTROVE, ANDREW 7496 VALENCIA DRIVE BOCA RATON, FL 33433 <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
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:

*AS* **ANDREW STALLONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/08

Date

Daytime Phone #

974 9788000