

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90037 017 ****61.25

DOCUMENT # N07000000353					
1. Entity Name WEST PARK PROFESSIONAL CENTER ASSOCIATION, INC.					
Principal Place of Business 1002 EAST NEWPORT CENTER DR. SUITE 100 DEERFIELD BEACH, FL 33442			Mailing Address 1002 EAST NEWPORT CENTER DR. SUITE 100 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # 2295 NW Corporate Blvd		3. Mailing Address 2295 NW Corporate Blvd			
Suite, Apt. #, etc. Suite 138		Suite, Apt. #, etc. Suite 138			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 20-8219717	
Zip 33431		Country Palm Beach		Zip 33431	
6. Name and Address of Current Registered Agent STALLONE, ANDREW 1002 EAST NEWPORT CENTER DR. SUITE 100 DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name: 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: <i>Lawrence J. Morina</i>				DATE: 1/9/08	
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ASTROVE, ANDREW 7496 VALENCIA DRIVE BOCA RATON, FL 33433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete ELLMAN, EDWARD 1002 EAST NEWPORT CENTER DR. SUITE 100 DEERFIELD BEACH, FL 33442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS <input type="checkbox"/> Delete STALLONE, ANDREW 1002 EAST NEWPORT CENTER DR. SUITE 100 DEERFIELD BEACH, FL 33442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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>Andrew Stallone</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/12/08 Daytime Phone #: 954 978 8000					