2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000000353

Entity Name: WEST PARK PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

2295 NW CORPORATE BLVD STE 138
BOCA RATON, FL 33431

New Principal Place of Business:

1002 EAST NEWPORT CENTER DRIVE
SUITE 100
DEEFIELD BEACH, FL 33442

Current Mailing Address:

2295 NW CORPORATE BLVD STE 138
BOCA RATON, FL 33431

New Mailing Address:

1002 EAST NEWPORT CENTER DRIVE
SUITE 100
DEERFIELD BEACH, FL 33442

FEI Number: 20-8219717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAAG MANAGEMENT INC
2295 NW CORPORATE BLVD STE 138
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ELLMAN, EDWARD
1002 EAST NEWPORT CENTER DRIVE
SUITE 100
DEERFIELD BEACH, FL 33442 US

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: EDWARD ELLMAN 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ASTROVE, ANDREW
Address: 7496 VALENCIA DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: DPT ( ) Delete
Name: ELLMAN, EDWARD
Address: 1002 EAST NEWPORT CENTER DR. SUITE 100
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DVPS ( ) Delete
Name: STALLONE, ANDREW
Address: 1002 EAST NEWPORT CENTER DR. SUITE 100
City-St-Zip: DEERFIELD BEACH, FL 33442

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:

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: EDWARD ELLMAN DPT 04/15/2009
Electronic Signature of Signing Officer or Director Date