

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004806

FILED
May 01, 2008
Secretary of State

Entity Name: WEST 23RD STREET WAREHOUSE CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

970-980 WEST 23RD STREET
HIALEAH
FL, 33010

New Principal Place of Business:

970-980 WEST 23RD STREET
HIALEAH, FL 33010

Current Mailing Address:

62 INDIAN TRACE
SUITE 154
WESTON, FL 33326

New Mailing Address:

62 INDIAN TRACE
154
WESTON, FL 33326

FEI Number: 26-2173218 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, EUGENE ESQ.
1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARRIAGA, JULIO
Address: 62 INDIAN TRACE, SUITE 154
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: WILLIAMS, RAFFAELE W
Address: 1111 LINCOLN ROAD, SUITE 400
City-St-Zip: MIAMI BEACH, FL 33139

Title: SEC () Delete
Name: STEADMAN, WALTER
Address: 1111 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

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: JULIO ARRIAGA

MR.

05/01/2008

Electronic Signature of Signing Officer or Director

Date