

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004028

FILED
Jun 10, 2009
Secretary of State

Entity Name: WEST GABLES ESTATES CONDOMINIUM NO.21/4 ASSOCIATION, INC.

Current Principal Place of Business:

5310 SW 89TH AVE.
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

2601 S. BAYSHORE DR., SUITE 700
COCONUT GROVE, FL 33133

New Mailing Address:

C/O MELLAW REGISTERED AGENTS
2601 S. BAYSHORE DRIVE, SUITE 700
COCONUT GROVE, FL 33133

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

CELLAW REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DR., SUITE 700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MELLAW REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DR., SUITE 700
COCONUT GROVE, FL 33133 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: SANTIAGO ELJAEK III, MGR

06/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOBE, OLGA
Address: 5310 SW 89TH AVE.
City-St-Zip: MIAMI, FL 33165

Title: VD () Delete
Name: ARECES, MARIA M
Address: 5310 SW 89TH AVE.
City-St-Zip: MIAMI, FL 33165

Title: STD () Delete
Name: CIPOLLONE, CAROLINE
Address: 5310 SW 89TH AVE.
City-St-Zip: MIAMI, FL 33165

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: OLGA LOBE

PD

06/10/2009

Electronic Signature of Signing Officer or Director

Date