2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N08454

1. Entity Name
WEST SIDE PLAZA CONDO ASSOCIATION,INC., A CONDOMINIUM

Principal Place of Business	Mailing Address
1439 WEST AVE MIAMI BEACH, FL 33139 US	309 23RD STREET #300 MIAMI BEACH, FL 33139 US

DO NOT WRITE IN THIS SPACE

03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0041009
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGATTA REAL ESTATE MGMT INC
309 23RD STREET
#300
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	DIDONATO, DOMENICO
STREET ADDRESS	1439 WEST AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	PERRONE, HUMBERTO
STREET ADDRESS	1439 WEST AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD
NAME	LEVINE, NANCY
STREET ADDRESS	1439 WEST AVE
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	TD
NAME	SAM, NONG
STREET ADDRESS	1439 WEST AVE
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	D
NAME	SCHNEIDER, HANS
STREET ADDRESS	1439 WEST AVE
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	PD
NAME	JOSE, JR, RENE
STREET ADDRESS	1439 WEST AVE
CITY-ST-ZIP	MIAMI, FL 33139

100000475337
04/05/06-80011-015 61.25

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #