

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007872

FILED
May 16, 2011
Secretary of State

Entity Name: AIRPORT WEST BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

381 N KROME AVE
200
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

381 N KROME AVE
200
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 27-3308546 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS M DAVID PA
381 N KROME AVE
200
HOMESTEAD, FL 33030 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
Name: DAVID, THOMAS M
Address: 381 N. KROME AVE STE 200
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: GONZALEZ, ANGEL L
Address: 8270 NW 66TH ST
City-St-Zip: MIAMI, FL 33166

Title: ST
Name: OCHOA, SANDRA
Address: 5220 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: D
Name: DEBIEN, CARY
Address: 7100 NW 12TH ST STE 105
City-St-Zip: MIAMI, FL 33126

Title: D
Name: ANSELMETTI, FEDERICO
Address: 7060 NW 53ND ST
City-St-Zip: MIAMI, FL 33166

Title: D
Name: KLUGER, JEFFREY
Address: 6600 NW 74TH AVE
City-St-Zip: MIAMI, FL 33166 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS M DAVID

P

05/16/2011

Electronic Signature of Signing Officer or Director

Date