

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N25803

1. Entity Name
**NEW TOWN COMMERCE CENTRE WEST ASSOCIATION,
INC.**



Principal Place of Business
**1600 SE 17TH STREET
SUITE 200
FT. LAUDERDALE, FL 33316**

Mailing Address
**1600 SE 17TH STREET
SUITE 200
FT. LAUDERDALE, FL 33316 US**



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0037818

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERGER, LLOYD C
1600 SE 17TH STREET
SUITE 200
FT. LAUDERDALE, FL 33316**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JAZAYRI, SAM
3001 W. HALLANDALE BEACH BLVD #300
PEMBROKE PARK, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTALBANO, PATRICIA
3921 SW 47TH AVE., SUITE 1018
FT. LAUDERDALE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTS
BERGER, LLOYD C
1600 SE 17TH STREET
FT. LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000747413
05/17/07-80024-019 61.25

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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 #