

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90061 048 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 3001 W. HALLANDALE BCH BLVD		3. Mailing Address 3001 W. HALLANDALE BCH BLVD			
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300			
City & State PEMBROKE PARK		City & State PEMBROKE PARK			
Zip FL	Country U.S.	Zip FL	Country U.S.		
4. FEI Number 65-0037818			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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			7. Name and Address of New Registered Agent Name JAZAYRI, SAM Street Address (P.O. Box Number is Not Acceptable) 3001 W HALLANDALE BCH BLVD ; # 300 City PEMBROKE PARK FL Zip Code 33009		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SAM JAZAYRI		7/10/08 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAZAYRI, SAM 3001 W. HALLANDALE BEACH BLVD #300 PEMBROKE PARK, FL 33009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTALBANO, PATRICIA 3921 SW 47TH AVE., SUITE 1018 FT. LAUDERDALE, FL 33314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BERGER, LLOYD C 1600 SE 17TH STREET FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		7/10/08		954 981 1154	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	