2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N35578

1. Entity Name
FLEXSPACE AT DORAL WEST PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10442 NW 31ST TERRACE MIAMI, FL 33172 US	10442 NW 31ST TERRACE MIAMI, FL 33172 US

01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0251314
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEGOVIA, JAIME
10442 NW 31ST TERRACE
MIAMI, FL 33172

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PINO, JUAN A.
STREET ADDRESS	10462 NW 31ST TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	WEIDENER, JAMES P.
STREET ADDRESS	10418 NW 31ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	MILOSLAVIC, MIGUEL V
STREET ADDRESS	10462 NW 31 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	HERNANDEZ, DAVILA M
STREET ADDRESS	10434 NW 31 TERRACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	ROBLES, ZASHA
STREET ADDRESS	10458 NW 31ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	PT
NAME	SEGOVIA, JAIME
STREET ADDRESS	10442 NW 31ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33172

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01/10/05-80083-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #