

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

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90113 027 ****61.25

DOCUMENT # N35578

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



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

Mailing Address
**10486 NW 31 TERR
MIAMI, FL 33172 US**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP

CR2E037 (4/06)

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

**MOLINA, MARIA J
10486 SW 31 TERR
MIAMI, FL 33172**

**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

Maria J. Molina

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
**D
PINO, JUAN A.
10462 NW 31ST TERRACE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEIDENER, JAMES P.
10418 NW 31ST TERRACE
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MOLINA, MARIA J
10486 NW 31 TERR
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Maria J. Molina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-07 (305) 436-9200

Date

Daytime Phone #