

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90001 002 ****61.25

DOCUMENT # N39593

1. Entity Name
**PARK WEST BUSINESS CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**13200 SW 128 ST E-1
MIAMI, FL 33186**

Mailing Address

**13200 SW 128 ST E-1
MIAMI, FL 33186**

50043043



07112006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0232216

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOUTHEAST PROPERTY MANAGEMENT COMPANY
13200 SW 128 ST
MIAMI, FL 33186**

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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

Charles Hendrikse **Property Manager**

8/10/06

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 September 6, 2006**

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
ORTA, NELSON
13370 SW 131 ST #105
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SABAG, LEE
9334 SW 56 ST
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ESCAR, JUAN
13380 SW 131 ST #117
MIAMI, FL 33186**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #