# 2008 NOT-FOR-PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # N42015**

**1.** Entity Name
WEST SUNRISE COMMERCIAL PARK ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3325 S UNIVERSITY DRIVE 210 DAVIE, FL 33328 US | 3325 S UNIVERSITY DRIVE 210 DAVIE, FL 33328 US |

**DO NOT WRITE IN THIS SPACE**

01102008  No Chg-NP        CR2E037 (4/06)

| **4.** FEI Number | | Applied For |
|---|---|---|
| 65-0339822 | | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

COHEN, HAL J
3325 S UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328

**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, 2008** | **9.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | U0000814161 02/13/08-80033-010 61.25 |
|---|---|---|---|

**10.** OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | COHEN, HAL J |
| STREET ADDRESS | 3325 S UNIVERSITY DRIVE SUITE 210 |
| CITY-ST-ZIP | DAVIE, FL 33328 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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**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: _____ Agent  1-15-08  954-452-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #