

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005168

FILED
Feb 03, 2009
Secretary of State

Entity Name: PARK WEST OFFICES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9695 W BROWARD BLVD.
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

C/O GOUVERT
P.O. BOX 273445
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 65-0866533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOUVERT, DOLORES F
6842 BRIDLEWOOD CT.
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ALAN, HOWARD
Address: 9695 W BROWARD BLVD.
City-St-Zip: PLANTATION, FL 33324

Title: VP/D () Delete
Name: FRIEDMAN, ROBERT
Address: 9675 W. BRWOARD BLVD.
City-St-Zip: PLANTATION, FL 33324

Title: STD () Delete
Name: GUDAI, DEBRA
Address: 9695 W BROWARD BLVD.
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/D (X) Change () Addition
Name: FRIEDMAN, ROBERT D
Address: 9675 W. BRWOARD BLVD.
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES F. GOUVERT

RA

02/03/2009

Electronic Signature of Signing Officer or Director

Date