

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001700

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** PARK WEST PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7785 NW 146 ST  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7785 NW 146 ST  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 65-0934881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENES, JOEL  
7785 NW 146 ST  
HIALEAH, FL 33016 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: PD  
Name: BENES, JOEL  
Address: 7785 NW 146 ST  
City-St-Zip: MIAMI LAKES, FL 33016

Title: SD  
Name: DINER, MANUEL  
Address: 7735 NW 146 ST  
City-St-Zip: MIAMI LAKES, FL 33016

Title: TD  
Name: NICHOLS, GREGORY A  
Address: 7791 NW 146 ST  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby 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 all other like empowered.

**SIGNATURE:** JOEL BENES

P

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date