

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N15000000830

**Entity Name:** WEST AVENUE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

540 WEST AVENUE  
2214  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

540 WEST AVENUE  
2214  
MIAMI BEACH, FL 33139 US

**FEI Number:** 81-2281222

**Certificate of Status Desired:** No

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

EDWARDS, MICHAEL MR.  
1200 BRICKELL AVENUE  
PH 2000  
MIAMI, FL 33131 US

*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:** MICHAEL EDWARDS

10/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CARR, TIM  
Address 540 WEST AVENUE  
2214  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name LITOS, AMALIA  
Address 650 WEST AVENUE  
1802  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name KEANE, BRIAN  
Address 1000 WEST AVENUE, APT. 1104  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name KIRKLAND, CORINNE  
Address 1345 WEST AVENUE  
701  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name FRANK, ALAN  
Address 1445 16TH STREET  
902  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name EDWARDS, MICHAEL  
Address 1670 LINCON COURT  
City-State-Zip: MIAMI BEACH FL 33139

*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:** MICHAEL EDWARDS

MR

10/22/2023

Electronic Signature of Signing Officer/Director Detail

Date