

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000519

**Entity Name:** 9900 WEST CORPORATION, INC.

**Current Principal Place of Business:**

9900 WEST BAY HARBOR DRIVE  
#4  
BAY HARBOR ISLAND, FL 33154

**Current Mailing Address:**

9900 WEST BAY HARBOR DRIVE  
#4  
BAY HARBOR ISLAND, FL 33154

**FEI Number:** 65-0666676

**Certificate of Status Desired:** No

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

PORTELA, JOSE  
9900 WEST BAY HARBOR DR  
#4  
BAY HARBOR ISLANDS, FL 33154 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LEGRAND, YATHA  
Address 9900 W BAY HARBOR DR APT 6  
City-State-Zip: BAY HARBOUR ISLANDS FL 33154

Title SD  
Name RODRIGUEZ, ANNIE  
Address 9900 WEST BAY HARBOR DRIVE APT 3  
City-State-Zip: BAY HARBOR ISLAND FL 33154

Title DIRECTOR  
Name LASKY, FAYE  
Address 9900 WEST BAY HARBOR DRIVE APT 1  
City-State-Zip: BAY HARBOR ISLAND FL 33154

Title VPD  
Name TURNER, JEFFREY C  
Address 9900 WEST BAY HARBOR DRIVE APT 2  
City-State-Zip: BAY HARBOR ISLAND FL 33154

Title PD  
Name PORTELA, JOSE  
Address 9900 WEST BAY HARBOR DRIVE APT 4  
City-State-Zip: BAY HARBOR ISLAND FL 33154

Title D  
Name TURNER, JEFFREY C  
Address 9900 WEST BAY HARBOR DRIVE APT 5  
City-State-Zip: BAY HARBOR ISLAND FL 33154

*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:** JOSE PORTELA

**PRESIDENT**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date