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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727315** **(4)**

1. Corporation Name

WESTLAND GARDENS EAST CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
% TROPICANA REALTY INC 3742 W 12 AVE HIALEAH FL 33012 US	% TROPICANA REALTY INC 3742 W 12 AVE HIALEAH FL 33012 US c/o

3. Date Incorporated or Qualified: 08/30/1973

4. FEI Number: 59-1610011 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1855 WEST 62 STREET	26 AMERICA F & H MNGT.
22 Suite, Apt. #, etc. 101-134, 201-238, 301-338	27 Suite, Apt. #, etc. 2011 W 62 ST
23 City & State HIALEAH, FLORIDA	28 City & State HIALEAH FLORIDA
24 Zip 33012 25 Country	29 Zip 33016 30 Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, HENRY
2011 WEST 62 ST
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NAVARRO, JORGE		1.2 NAME		
STREET ADDRESS	3742 WEST 12 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOSA, ANA		2.2 NAME		
STREET ADDRESS	1855 W 62 ST #313		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE	TDESTALELLA CARMEN	☑ Change ☐ Addition
NAME	HERNANDEZ, ELIA		3.2 NAME		
STREET ADDRESS	1855 W 62ND ST #316		3.3 STREET ADDRESS	1855 W 62 ST # 233	
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALAN, LORA		4.2 NAME		
STREET ADDRESS	1855 W 62 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] 03-16-98 (305) 558-9820
SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #