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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
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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**

2. Principal Place of Business

2a. Mailing Address

21 1855 WEST 62 STREET

2a. AMERICA F & H MNGT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101-104, 201-238, 301-338

27 2011 W 62 ST

City & State

City & State

23 HIALEAH, FLORIDA

28 HIALEAH FLORIDA

Zip

Country

Zip

Country

24 33012

25

29 33016

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, HENRY
2011 WEST 62 ST
HIALEAH FL 33016**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **NAVARRO, JORGE**
STREET ADDRESS **3742 WEST 12 AVE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **SD** ☐ DELETE

NAME **LOSA, ANA**
STREET ADDRESS **1855 W 62 ST #313**
CITY-ST-ZIP **HIALEAH FL**

TITLE **TD** ☒ DELETE

NAME **HERNANDEZ, ELIA**
STREET ADDRESS **1855 W 62ND ST #316**
CITY-ST-ZIP **HIALEAH FL**

TITLE **PD** ☐ DELETE

NAME **ALAN, LORA**
STREET ADDRESS **1855 W 62 ST**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

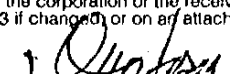
6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: 

03-16-98 (305) 658-9820

CR2E037 (10/97)