

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 FEB -3 PM 12: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 734649 (7)  
1. Corporation Name  
WESTLAND-EDEN CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1900 W. 54TH STREET  
OFFICE MAIL BOX 423  
HIALEAH FL 33012  
US 1900 W. 54TH STREET  
OFFICE MAIL BOX  
HIALEAH FL 33012-2167  
US

3. Date Incorporated or Qualified 12/17/1975 3a. Date of Last Report 01/31/1996  
4. FEI Number 59-1630808 Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ZATAARAIN, JOSELINA~~  
~~1900 W 54TH STREET APT. 107~~  
~~APARTMENT #220~~  
~~HIALEAH FL 33012~~

81 Name GILBERTO DOMINGUEZ  
82 Street Address (P.O. Box Number is Not Acceptable) 1900 W 54 ST. #206  
83 HIALEAH, FL. 33012  
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] DATE: 1/23/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE D ☐ DELETE  
NAME NUNEZ, PURA  
STREET ADDRESS 1900 W 54 STREET #213  
CITY - ST - ZIP HIALEAH FL  
TITLE D ☒ DELETE  
NAME MOLINI, RAQUEL  
STREET ADDRESS 1900 W 54 STREET #415  
CITY - ST - ZIP HIALEAH FL  
TITLE D ☐ DELETE  
NAME LOPEZ, CARMEN  
STREET ADDRESS 1900 W 54 STREET #415  
CITY - ST - ZIP HIALEAH FL  
TITLE SD ☒ DELETE  
NAME MERCEDES, AFONSO R.  
STREET ADDRESS 1900 W 54 STREET #411  
CITY - ST - ZIP HIALEAH FL  
TITLE TD ☒ DELETE  
NAME BARGE, CELESTE  
STREET ADDRESS 1900 W 54 STR #310  
CITY - ST - ZIP HIALEAH FL  
TITLE D ☐ DELETE  
NAME ZATARAIN, JOSELINA  
STREET ADDRESS 1900 W. 54TH ST. 107  
CITY - ST - ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE VD ☒ Change ☐ Addition  
1.2 NAME NUNEZ, PURA  
1.3 STREET ADDRESS 1900 W 54ST #213  
1.4 CITY - ST - ZIP HIALEAH, FL, 33012  
2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME RODRIGUEZ LUIS  
2.3 STREET ADDRESS 1900 W 54 ST. # 303  
2.4 CITY - ST - ZIP HIALEAH, FL. 33012  
3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME DOMINGUEZ GILBERTO  
3.3 STREET ADDRESS 1900 W. 54 ST. #222  
3.4 CITY - ST - ZIP HIALEAH, FL. 33012  
4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME PEDRO ANTONIO  
4.3 STREET ADDRESS 1900 W 54 ST. #101  
4.4 CITY - ST - ZIP HIALEAH, FL. 33012  
5.1 TITLE TD ☒ Change ☐ Addition  
5.2 NAME DOMINGUEZ GILBERTO  
5.3 STREET ADDRESS 1900 W 54 ST. #206  
5.4 CITY - ST - ZIP HIALEAH, FL. 33012  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS \$ BANK  
6.4 CITY - ST - ZIP

14. I do 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] DATE: 1/23/97 (305) 825-3307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)