

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90063 026 ****61.25

0022885

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 734649

1. Corporation Name

WESTLAND-EDEN CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business

1900 W. 54TH STREET
OFFICE MAIL BOX 423
HIALEAH FL 33012
US

Mailing Address

1900 W. 54TH STREET
OFFICE MAIL BOX 423
HIALEAH FL 33012
US



123194 90063 36

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		12/17/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1630808	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

DOMINGUEZ, GILBERTO
1900 W 54TH STREET #206
HIALEAH FL 33012

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

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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUNEZ, PURA	1.2 NAME	SOSA-PEREZ MARTA
STREET ADDRESS	1900 W. 54TH ST., #213	1.3 STREET ADDRESS	1900 W 54 ST., #118
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, LUIS	2.2 NAME	PEREZ- ENRIQUE
STREET ADDRESS	1900 W. 54TH ST., #303	2.3 STREET ADDRESS	1900 W 54ST., #419
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, CARMEN	3.2 NAME	AFONSO- R. MERCEDES
STREET ADDRESS	1900 W 54TH ST, #209	3.3 STREET ADDRESS	1900 W 54 ST., # 411
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINGO, CAZORTA	4.2 NAME	ZATARAIN- JOSEFINA
STREET ADDRESS	1900 W 54TH ST, #222	4.3 STREET ADDRESS	1900 W-54 ST., #107
CITY-ST-ZIP	HIALEAH FL 33012	4.4 CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONIO, PEDRO	5.2 NAME	FORTICH-ABDON
STREET ADDRESS	1900 W. 54TH ST., #101	5.3 STREET ADDRESS	1900 W 54 ST., #416
CITY-ST-ZIP	HIALEAH FL 33012	5.4 CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, GILBERTO	6.2 NAME	
STREET ADDRESS	1900 W. 54TH ST., #206	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	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, with all other like empowered.

SIGNATURE: *Marta Sosa-Perez* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

(305) 820-9357

Date

Daytime Phone #

CR2E037 (11/98)