

FILE NOW: FILING FEE IS \$61.25

Inv. 1453

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736833 (5)

1. Corporation Name
THE TOWERS OF WESTLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 221 S.W. 22ND AVENUE. SUITE 219 MIAMI FL 33135
Mailing Address: 221 S.W. 22ND AVENUE. SUITE 219 MIAMI FL 33135

3. Date Incorporated or Qualified: 09/17/1976
3a. Date of Last Report: 04/26/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
		26			59-1718528	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYMAN, MICHAEL L. 44 WEST FLAGLER ST. 14TH FLOOR COURTHOUSE TOWER MIAMI FL 33130				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARMEN, OTERO			1.2 NAME			
STREET ADDRESS	1975 W. 44 PL. #A508			1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TORRES, CARLOS			2.2 NAME			
STREET ADDRESS	1975 W. 44 PLACE #A402			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSA, RAMOS			3.2 NAME			
STREET ADDRESS	4525 W. 20 AVENUE #C530			3.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GARCIA, ELIO			4.2 NAME			
STREET ADDRESS	4500 W. 19 COURT APTE #D-536			4.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DOMINGUEZ, JOSE			5.2 NAME			
STREET ADDRESS	4525 W 20TH AVE., #521			5.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *X Carmen Otero, President* 2/14/96 (43-571)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)