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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999

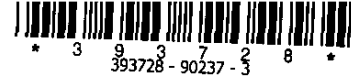


FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 736833 (5)

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

Principal Place of Business Mailing Address
 THE TIMBERLAKE GROUP, INC. THE TIMBERLAKE GROUP, INC.
 5050 N.W. 74 AVE, 5050 N.W. 74 AVE,
 MIAMI, FL. 33166 MIAMI, FL. 33166.



21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified
22. City & State	27. City & State	4. FEI Number
23. Zip Country	28. Zip Country	5. Certificate of Status Desired
24. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
85. Zip Code	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: ROBERT A. DUGGER DATE: 2-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MANUEL FRANQUIZ	1.2 NAME	
STREET ADDRESS	1975 W. 44th PL., A-410	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33012	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	ANTONIO ROMANI	2.2 NAME	
STREET ADDRESS	4500 W. 19 CT, D-537	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33012	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	ISMAEL RIOS	3.2 NAME	
STREET ADDRESS	4490 W. 19 CT, B-211	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33012	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	JORGE SAUVALLE	4.2 NAME	
STREET ADDRESS	4500 W. 19 CT, D-231	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33012	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TERESA KISTNER ROLDAN	5.2 NAME	
STREET ADDRESS	4500 W. 19 CT, D-431	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33012	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: MANUEL FRANQUIZ DATE: 4-13-99 (305) 593-1141

CR2E037 (1/98)