

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90166 001 \*\*\*\*61.25

**DOCUMENT # 736833**

1. Entity Name  
**THE TOWERS OF WESTLAND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 4525 W 20TH AVE  
 HIALEAH, FL 33012

Mailing Address  
 P.O. BOX 653039  
 MIAMI, FL 33265 US

**50024824**



03012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1718528</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GONZALEZ, JESUS**  
 11936 SW 8TH STREET  
 MIAMI, FL 33184

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, JOSE 4525 W 20TH AVE. C-521 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALES, ANTONIO 4525 W 20TH AVE. C-226 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, JESUS 4525 W 20 AVE #C-125 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANUEL, FRANQUIZ 1975 W 44TH PLACE A-410 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/5/05* Date *305 553-1989* Daytime Phone #