


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90137 010 ****61.25

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|---|---|---|---|
| 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 | |
| 2. Principal Place of Business | | 3. Mailing Address <i>11936 SW 8TH ST</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State <i>MIAMI FL</i> | |
| Zip | Country | Zip <i>33184</i> | Country <i>USA</i> |
| 6. Name and Address of Current Registered Agent | | 4. FEI Number 59-1718528 | |
| GONZALEZ, JESUS 11936 SW 8TH STREET MIAMI, FL 33184 | | Applied For Not Applicable | |
| 7. Name and Address of New Registered Agent | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Name | | City FL | |
| Street Address (P.O. Box Number is Not Acceptable) | | Zip Code | |
| City | | Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DOMINGUEZ, JOSE 4525 W 20TH AVE. C-521 HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SALES, ANTONIO 4525 W 20TH AVE. C-226 HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HERNANDEZ, JESUS 4525 W 20 AVÉ #C-125 HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MANUEL, FRANQUIZ 1975 W 44TH PLACE A-410 HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> | | Date | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |