



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90078 043 ****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 11936 SW 8TH ST MIAMI, FL 33184 US		40046482 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03212007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1718528	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, JESUS 11936 SW 8TH STREET MIAMI, FL 33184				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, JOSE			NAME	
STREET ADDRESS	4525 W 20TH AVE. C-521			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALES, ANTONIO			NAME	MOLLEDA, MARTHA M
STREET ADDRESS	4525 W 20TH AVE. C-228			STREET ADDRESS	4525 W 20 AVE # C-325
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JESUS			NAME	HERNANDEZ, JESUS
STREET ADDRESS	4525 W 20 AVE # C-125			STREET ADDRESS	4525 W 20 AVE # C-125
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL, FRANQUIZ			NAME	
STREET ADDRESS	1976 W 44TH PLACE A-410			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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>Jose Dominguez</i>				Date: 3/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	