

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738325 (0)

1. Corporation Name
WEST LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1414 N.W. 107 AVE. 1414 N.W. 107 AVE.
#115 #115
MIAMI FL 33172 MIAMI FL 33172
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1977 3a. Date of Last Report 07/06/1994
4. FEI Number 59-1782193 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
PIQUE ALVAREZ, SYLVIA
1414 N.W. 107 AVE
#115
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Sylvia Pique* sylvia Pique 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME DIAZ, JUAN
STREET ADDRESS 581 N.W. 107 AVE. #101
CITY-ST-ZIP MIAMI FL
TITLE TD
NAME ZAYAS, MARIA
STREET ADDRESS 411 N.W. 107 AVE. #203
CITY-ST-ZIP MIAMI FL
TITLE DVP
NAME REYES, AGLAHE
STREET ADDRESS 401 N.W. 107 AVE. #205
CITY-ST-ZIP MIAMI FL
TITLE DS
NAME MOOMJIAN, CAROL A.
STREET ADDRESS 581 N.W. 107 AVE. #101
CITY-ST-ZIP MIAMI FL
TITLE D
NAME PEREZ-OSORIO, MARIA C.
STREET ADDRESS 401 N.W. 107 AVE. #105
CITY-ST-ZIP MIAMI FL
TITLE DVP
NAME DIAZ, JUAN
STREET ADDRESS 581 NW 107TH AVE #101
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME Card A. Moornjian
4.3 STREET ADDRESS 501 Ww 107 Ave #101
4.4 CITY-ST-ZIP MIAMI, FL 33172
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME Zabivar, Edita
6.3 STREET ADDRESS 10215 SW 21 Terr
6.4 CITY-ST-ZIP Miami FL

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 110.07(3)(4), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *[Signature]* 4/20/95 470-2093
Signature, typed or printed name of signing officer or director Date Daytime Phone #