

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 738325 (0)  
1. Corporation Name  
**WEST LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.**



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

3. Date incorporated or Qualified: 03/10/1977  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 1414 NW 107 Ave, Suite, Apt. #, etc. # 110, City & State Miami FL, Zip 33172, Country USA  
2a. Mailing Address: 26 1414 NW 107 Ave, Suite, Apt. #, etc. # 110, City & State Miami FL, Zip 33172, Country USA

4. FEI Number: 59-1782193  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 Pique, Sylvia, 82 Street Address (P.O. Box Number is Not Acceptable) 1414 NW 107 Ave # 110, 83, 84 City MIAMI, FL 85 Zip Code 33172

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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: *Sylvia Pique* 4/23/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIAZ, JUAN	
STREET ADDRESS	581 N.W. 107 AVE. #101	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZAYAS, MARIA	
STREET ADDRESS	411 N.W. 107 AVE. #203	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	REYES, AGLAHE	
STREET ADDRESS	401 N.W. 107 AVE. #205	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOOMJIAN, CAROL A.	
STREET ADDRESS	561 N.W. 107 AVE. #101	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ-OSORIO, MARIA C.	
STREET ADDRESS	401 N.W. 107 AVE. #105	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, JUAN	
STREET ADDRESS	581 NW 107TH AVE #101	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	S Edita Zaldivar
63 STREET ADDRESS	10215 SW 21 Terr
64 CITY-ST-ZIP	MIAMI FL 33175

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 119.07(3)(k), 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 of an attachment with an address.

SIGNATURE: *[Signature]* 4/24/96 264-7151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)