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FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 NW 107 AVE #110 MIAMI FL 33172 US
Mailing Address: 1414 N.W. 107 AVE. #110 MIAMI FL 33172-2739 US

3. Date Incorporated or Qualified: 03/10/1977
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (28) Suite, Apt. #, etc. (27) City & State (29) Zip (30) Country

9. Name and Address of Current Registered Agent
PIQUE, SYLVIA
1414 NW 107 AVE #110
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name: SYLVIA PIQUE
82 Street Address: 1414 NW 107 AVE. #110
83
84 City: Miami FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Sylvia Pique*
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 checked="" type="checkbox"/> DELETE
NAME	DIAZ, JUAN	
STREET ADDRESS	581 N.W. 107 AVE #101	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZAYAS, MARIA	
STREET ADDRESS	411 N.W. 107 AVE. #203	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	REYES, AGLAHE	
STREET ADDRESS	401 N.W. 107 AVE. #205	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ-OSORIO, MARIA C.	
STREET ADDRESS	401 N.W. 107 AVE. #105	
CITY-ST-ZIP	MIAMI FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	EDITH ZALDIVAR	
STREET ADDRESS	10215 SW 21 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maria Zayas	
1.3 STREET ADDRESS	411 NW 107 Ave # 102	
1.4 CITY-ST-ZIP	Miami, FL 33172	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maria C. Perez-Osorio	
2.3 STREET ADDRESS	401 NW 107 Ave # 105	
2.4 CITY-ST-ZIP	Miami, FL 33172	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AGLAHE REYES	
4.3 STREET ADDRESS	401 NW 107 Ave. #205	
4.4 CITY-ST-ZIP	Miami, FL 33172	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DVP Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Alberto Behar	
6.3 STREET ADDRESS	561 NW 107 Ave # 106	
6.4 CITY-ST-ZIP	Miami, FL 33172	

14. I do 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 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]* 3-07-97 477-3666

CR2E037 (9/96)