

FILE NOW: FILING FEE IS \$61.25

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Sep 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738325 (0)**
1. Corporation Name
West Lake Village Condominium Association, Inc.

Principal Place of Business 275 Fontainebleau Blvd Suite 140 Miami, FL 33172 US	Mailing Address 275 Fontainebleau Blvd. Suite 140 Miami, FL 33172
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3. Date Incorporated or Qualified
3/10/77

4. FEI Number 59-1782193	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21. Suite Apt #, etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc 27. City & State 28. Zip 29. Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**Pique, Sylvia, as agent for the Association
c/o Excel management
275 Fontainebleau Blvd. #140
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 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Talavera, Carlos	1.2 NAME	
STREET ADDRESS	411 NW 107th Ave #204	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	1.4 CITY-ST-ZIP	
TITLE	Vice-President/Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonio Hernandez	2.2 NAME	
STREET ADDRESS	441 NW 107th Ave #103	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	2.4 CITY-ST-ZIP	
TITLE	Treasurer/Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rerez-Dorino, Christy	3.2 NAME	
STREET ADDRESS	401 NW 107th Ave #105	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	3.4 CITY-ST-ZIP	
TITLE	Vice-Treasurer/Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scitancsik, Nidia	4.2 NAME	
STREET ADDRESS	501 NW 107 Ave #205	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	4.4 CITY-ST-ZIP	
TITLE	Secretary/Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rayas, Abiela	5.2 NAME	
STREET ADDRESS	401 NW 107th Ave #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Carlos E. Talavera **8/19/98** 305-202-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Date-time phone #)