


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90064 008 \*\*\*\*61.25

<b>DOCUMENT # 738325</b>					
1. Entity Name WEST LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 275 FONTAINEBLEAU BLVD #140 MIAMI, FL 33172 US			Mailing Address 2510 NW 97 AVE SUITE 200 DORAL, FL 33172		
2. Principal Place of Business - No P.O. Box # 2510 NW 97 AVE			3. Mailing Address		
Suite, Apt. #, etc. SUITE 200			Suite, Apt. #, etc.		
City & State DORAL			City & State		
Zip FL		Country 33172	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIQUE, SYLVIA C/O EXCEL MANAGEMENT 2510 NW 97 AVE STE 200 MIAMI, FL 33172				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ANTONIO		NAME		
STREET ADDRESS	441 NW 107 AVE #103		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCTANESIK, NIDIA		NAME		
STREET ADDRESS	561 NW 107 AVE. #205		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGLAHE, REYES		NAME	MARIA C. Perez	
STREET ADDRESS	401 NW 107 AVENUE #205		STREET ADDRESS	401 NW 107 AVE #105	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTO, LAMAQUA		NAME		
STREET ADDRESS	461 NW 107 AVE #204		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, MARIA		NAME		
STREET ADDRESS	12731 NW 11 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33182		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>N. Sctanesik</i>		Date: 4-20-07		Daytime Phone #	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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01052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1782193 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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SIGNATURE: *N. Sctanesik* | Date: 4-20-07 | Daytime Phone #