
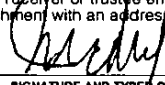


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 738325 1. Entity Name WEST LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.			FILED 07 OCT 10 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2510 NW 970 TH SUITE 200 DORAL, FL 33172 US		Mailing Address 2510 NW 97 AVE SUITE 200 DORAL, FL 33172	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		08282007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-1782193	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIQUE, SYLVIA C/O EXCEL MANAGEMENT 2510 NW 97 AVE STE 200 MIAMI, FL 33172		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		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 NAME: HERNANDEZ, ANTONIO <input checked="" type="checkbox"/> Delete STREET ADDRESS: 441 NW 107 AVE #103 CITY-ST-ZIP: MIAMI, FL 33172		TITLE: DP NAME: SCTANCSIK, NIDIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 561 NW 107 AVE #205 CITY-ST-ZIP: MIAMI, FL 33172	
TITLE: VD NAME: SCTANESIK, NIDIA <input checked="" type="checkbox"/> Delete STREET ADDRESS: 561 NW 107 AVE. #205 CITY-ST-ZIP: MIAMI, FL 33172		TITLE: VD NAME: LAMOGGIA, ALBERTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 461 NW 107 AVE #204 CITY-ST-ZIP: MIAMI, FL 33172	
TITLE: TD NAME: PEREZ, MARIA C <input type="checkbox"/> Delete STREET ADDRESS: 401 NW 107 AVE #105 CITY-ST-ZIP: MIAMI, FL 33172		TITLE: NAME: STREET ADDRESS: 500110941535 CITY-ST-ZIP: 10/18/07--01015--020 **\$1.25	
TITLE: D NAME: ALBERTO, LAMAQUA <input checked="" type="checkbox"/> Delete STREET ADDRESS: 461 NW 107 AVE #204 CITY-ST-ZIP: MIAMI, FL 33172		TITLE: D NAME: SIERBA, ANA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 441 NW 107 AVE #202 CITY-ST-ZIP: MIAMI, FL 33172	
TITLE: DS NAME: ACOSTA, MARIA <input type="checkbox"/> Delete STREET ADDRESS: 12731 NW 11 ST. CITY-ST-ZIP: MIAMI, FL 33182		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: NAME: STREET ADDRESS: 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: 		MARIA C. PEREZ	
		9/27/07	
		305-962-8058	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	