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Apr 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 # **744358** **(3)**

1. Corporation Name

WEST LAKE VILLAGE II CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
410 WEST PARK DR #205 MIAMI FL 33172	299 ALHAMBRA CIRCLE SUITE 207 CORAL GABLES FL 33134-5116 US

3. Date Incorporated or Qualified: 09/25/1978
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2151 Le Jeune Rd
Suite, Apt. #, etc.
27 305
City & State
28 Coral Gables FL
Zip 29 33134 Country 30 U.S.A

4. FEI Number: 59-1930659 ☐ Applied For ☐ Not Applicable

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

RAUL, AGUILERA
299 ALHAMBRA CIRCLE
SUITE 207
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Raul Aguilera
82 Street Address (P.O. Box Number is Not Acceptable): 2151 Le Jeune Rd Suite
83: 305
84 City: Coral Gables FL 85 Zip Code: 33134

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: _____ 4/3/97
Signature, typed or printed, of the new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TIJERINO ORLANDO		1.2 NAME	
STREET ADDRESS	510 WEST PARK DR #103		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VILORIO, LILLIAN		2.2 NAME	
STREET ADDRESS	410 W PARK DR #102		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MULLER, ROGELIO		3.2 NAME	
STREET ADDRESS	410 W PARK DR #205		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSEFINA		4.2 NAME	
STREET ADDRESS	400 WEST PARK DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JORGE L. ROIG		5.2 NAME	
STREET ADDRESS	440 WEST PARK DRIVE #101		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: [illegible] SIGNATURE REQUIRED 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027175