

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 04 1998 8:00am  
Secretary of State



|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **744358** (3)  
1. Corporation Name  
**WEST LAKE VILLAGE II CONDOMINIUM ASSOCIATION, IN C.**

|                                                                                |                                                                                            |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>410 WEST PARK DR #205<br/>MIAMI FL 33172</b> | Mailing Address<br><b>2151 LE JEUNE ROAD<br/>STE #305<br/>CORAL GABLES FL 33134<br/>US</b> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |                                                                                                                |                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>09/25/1978</b>                                                                                                                  | 4. FEI Number<br><b>59-1930659</b>                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                            |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                |                                                                                                                                   |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAUL, AGUILERA  
2151 LEJEUNE ROAD  
STE #305  
CORAL GABLES FL 33134**

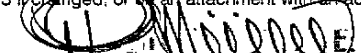
|         |                                                       |    |           |             |
|---------|-------------------------------------------------------|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City   | 85 Zip Code |
|         |                                                       |    | <b>FL</b> |             |

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 reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | VD<br>TJERINO ORLANDO<br>510 WEST PARK DR #103<br>MIAMI FL | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                            | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                            | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                            | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | SD<br>VILORIO, LILLIAN<br>410 W PARK DR #102<br>MIAMI FL   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                            | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                            | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                            | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | TD<br>MULLER, ROGELIO<br>410 W PARK DR #205<br>MIAMI FL    | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                            | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                            | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                            | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | PD<br>RODRIGUEZ, JOSEFINA<br>400 WEST PARK DR<br>MIAMI FL  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                            | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                            | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                            | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D<br>JORGE L. ROIE<br>440 WEST PARK DRIVE #101<br>MIAMI FL | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                            | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                            | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                            | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                                            | 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                                   |                                                                   |

14. I 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 in an attachment with an address.

SIGNATURE:  RETREASURER 1/12/98 (305) 444-6757

CR2E037 (10/97)