ANNUAL REPORT

2006 NOT-FOR-PROFIT CORPORATION

FILED May 01, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # 744358 1. Entity Name WEST LAKE VILLAGE II CONDOMINIUM ASSOCIATION, INC.				1		5 90357 002 ****(
% SPM GROUP, INC.		Mailing Address % SPM GROUP, INC. 2500 N.W. 97TH AVENUE MIAMI, FL 33172	% SPM GROUP, INC. 2500 N.W. 97TH AVENUE #200			## #### #### #### #### ##### #########		
2. Principal Place of Business 2200 NW /02 AVE		3. Mailing Address 2-200 NW (02 PVE						
Suite, Apt. #, étc.		Suite, Apt. #, etc.			hg-NP	CR2E037 (11/05)		
City & Stat	omi FL	City & State , MIDMI)	FL	4. FEI Number 59-193065	59	 	pplied For lot Applicable	
331	72 Country USA	² 33172	Country	5. Certificate of St	tatus Desired	Sa.75 Ac Fee Requir		
6. Name and Address of Current Registered Agent			Name	7. Name and Add	ress of New I	Registered Agent		
SPM GROUP, INC. 2500 N.W. 97TH AVENUE, #200				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33172								
			City	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.							, and accept	
SIGNATURE								
I SIGNATURE								
SIGNAȚURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent signature requi	red when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	1	DATE Make check payable prida Department of \$		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Campa Trust Fund Cont	nign Financing tribution.	\$5.00 May Be Added to Fees	Flo	Make check payable orida Department of \$ ERS AND DIRECTORS II	N 10	
ī	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cont	sign Financing tribution.	\$5.00 May Be Added to Fees	Flo	Make check payable orida Department of S	State	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF PD STIEFEL, MERCY 400 W. PARK DRIVE, #206	9. Election Campa Trust Fund Cont	ign Financing tribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable orida Department of \$ ERS AND DIRECTORS II	N 10	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF PD STIEFEL, MERCY 400 W. PARK DRIVE, #206 MIAMI, FL 33172 VP ROIQ, JORGE LUIS 440 W. PARK DRIVE, #101	9. Election Campa Trust Fund Cont RECTORS	ign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable prida Department of \$ ERS AND DIRECTORS II	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF PD STIEFEL, MERCY 400 W. PARK DRIVE, #206 MIAMI, FL 33172 VP ROIQ, JORGE LUIS 440 W. PARK DRIVE, #101 MIAMI, FL 33172 TD VILORIO, LILLIAN 310 W. PARK DRIVE, #102	9. Election Campa Trust Fund Cont BECTORS Delete	ign Financing tribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable orida Department of \$ ERS AND DIRECTORS II Change	State N 10 Addition Addition	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF PD STIEFEL, MERCY 400 W. PARK DRIVE, #206 MIAMI, FL 33172 VP ROIQ, JORGE LUIS 440 W. PARK DRIVE, #101 MIAMI, FL 33172 TD VILORIO, LILLIAN 310 W. PARK DRIVE, #102 MIAMI, FL 33172 SD HILDAJ, BORGES 500 W. PARK DR, #101	9. Election Campa Trust Fund Cont BECTORS Delete Delete	ign Financing tribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Flo	Make check payable orida Department of \$ ERS AND DIRECTORS II Change Change	State N 10 Addition Addition	

12. I hereby certify that the information supplied with this filling 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 the 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 encouraged 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 expowered.

OFFICER OR DIRECTOR

SIGNATURE: 🖊