


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 770066</b>					
1. Entity Name <b>WESTLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 5315 W. 22 CT. HIALEAH, FL 33016			Mailing Address 2011 W. 62 ST. HIALEAH, FL 33016		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0062032</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
<b>\$8.75 Additional Fee Required</b>				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERNANDEZ, HENRY 2011 WEST 62 STREET HIALEAH, FL 33016			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 re-appointing)					
DATE _____					
<b>FILE NOW. FEE IS \$61.25 Initial or Amended UBR</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OBANDO, ALEJANDRO</b>		NAME	U00000151646 05/04/04-80055-004 61.25	
STREET ADDRESS	<b>5343 WEST 22 COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARDOSA, ZOILA</b>		NAME		
STREET ADDRESS	<b>5289 WEST 22 COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARDOSO, JUAN</b>		NAME		
STREET ADDRESS	<b>5289 WEST 22 COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>		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		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 exemption stated in Section 119.07(3)(f), 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: _____					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE					
Daytime Phone #					

CFR2007 (10/02)