


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 770066</b> 1. Entity Name <b>WESTLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>	
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05 SEP 23 PM 3:47  
 STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 5315 W. 22 CT. HIALEAH, FL 33016	Mailing Address 2011 W. 62 ST. HIALEAH, FL 33016
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country
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09122005    Chg-NP    CR2E037 (10/03)

4. FEI Number <b>65-0062082</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HERNANDEZ, HENRY**  
**2011 WEST 62 STREET**  
**HIALEAH, FL 33016**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)                      DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete	NAME: <b>OBANDO, ALEJANDRO</b> STREET ADDRESS: <b>5343 WEST 22 COURT</b> CITY-ST-ZIP: <b>HIALEAH, FL 33016</b>
TITLE	T	<input type="checkbox"/> Delete	NAME: <b>CARDOSA, ZOILA</b> STREET ADDRESS: <b>5289 WEST 22 COURT</b> CITY-ST-ZIP: <b>HIALEAH, FL 33016</b>
TITLE	S	<input checked="" type="checkbox"/> Delete	NAME: <b>CARDOSO, JUAN</b> STREET ADDRESS: <b>5289 WEST 22 COURT</b> CITY-ST-ZIP: <b>HIALEAH, FL 33016</b>
TITLE		<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE		<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE		<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Moreno, Angel</b> STREET ADDRESS: <b>5305 West 22ct</b> CITY-ST-ZIP: <b>Hialeah, FL 33016</b>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ 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)(i), 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:**                       9                      9-19-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #