2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 8:00 am Secretary of State

DOCUMENT # N01777 1. Entity Name WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC.								01-24-2005	5 90052 ()26 ****6	51.25	
995 S.W. 84 AVENUE 995 SUITE 100 SUIT				iling Address 95 S.W. 84 AVENUE JITE 100 IAMJ, FL 33144								
			3. Mailin	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				01052005	Chg-NP	CR2	E037 (10/0	3)
City & State			City	City & State			_	4. FEI Numbe 59-248		- · -		Applied For Not Applicable
Zip	Zip Country		Zip		Cou	Country		5. Certificate	of Status Desire	ed 🗆	\$8.75 Fee Req	Additional uired
	6. Name	and Address of Current	Registered	Agent				7. Name and	Address of Ne	w Register	ed Agent	
LASTRES, LOURDES 995 SW 84TH AVE						Name Street Address (P.O. Box Number is Not Acceptable)						
STE 227 MIAMI, FL 33144												
						City FL Zip Code						Code
	named entit tions of regist	y submits this statement fo tered agent.	r the purpos	se of changing its re	gistere	ed office or	register	ed agent, or bot	th, in the State o	of Florida. I	am familiar v	rith, and accept
SIGNATURE.	Signature typed	or printed name of registered agent	and title if applic	atile (NOTE: F	Registerer	Apent signetu	re required	when reinstating)		DA		
	dignetere, typed	or prince territoria registera a agosto	and the it applies		- IOSIGIOI O			whom ten industry			, <u> </u>	
Filing Fee is \$61.25 Due by May 1, 2005				Election Campaign Financing Trust Fund Contribution.								
	_							\$5.00 May B Added to Fees	le I		eck payab partment o	
10.	_		RECTORS					Added to Fees		Florida De	partment o	f State
10. TITLE NAME STREET ADDRESS CITY-ST-2IP	PD GONZALI	OFFICERS AND DIE OFFICERS AND DIE EZ, MARLA C 14TH AVE #106	RECTORS		11. TITLE NAME STREE	on.	VIP I	Added to Fees	ANGES TO OFF	Florida De	partment o	f State S IN 10
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2. I hereby certify that the information supplied with this filing does not quality 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: SIGNATURE: Director Lourdes G. Lastres 01/14/05 (305)262-520