

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90194 007 ****61.25

| | | | | | |
|---|-----------------------|--|---|--|--|
| DOCUMENT # N01777 | | | | | |
| 1. Entity Name WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 995 S.W. 84 AVENUE SUITE 100 MIAMI, FL 33144 | | | Mailing Address 995 S.W. 84 AVENUE SUITE 100 MIAMI, FL 33144 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2483532 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LASTRES, LOURDES 995 SW 84TH AVE STE 227 MIAMI, FL 33144 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 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 | VPD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PEREZ, CARLOS | | NAME | | |
| STREET ADDRESS | 995 SW 84 AVE APT 101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33144 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NOVO, GUSTAVO | | NAME | | |
| STREET ADDRESS | 995 SW 84 AVE APT 310 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33144 | | CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HARTMAN, HIPOLITO | | NAME | | |
| STREET ADDRESS | 995 SW 84 AVE APT 228 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33144 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LASTRES, LOURDES | | NAME | | |
| STREET ADDRESS | 995 SW 84 AVE APT 227 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33144 | | CITY-ST-ZIP | | |
| TITLE | SATD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MENENDEZ, DOLORES | | NAME | | |
| STREET ADDRESS | 995 SW 84 AVENUE #303 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33144 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| | | | 5 D | | |
| | | | George A. Lopez | | |
| | | | 995 SW 84th Ave #311 | | |
| | | | Miami, FL 33144 | | |
| 12. I hereby certify that the information supplied with this filing 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 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: <u>Lastres, Lourdes G. Lastres</u> <u>01/09/07</u> <u>(305) 262-5202</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Treasurer | | | | | |