

2008 NOT-FOR-PROFIT CORPORATION 2009 AMENDED ANNUAL REPORT

DOCUMENT # N01777

1. Entity Name
WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 23 AM 10:13

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.

12292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2483532
Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASTRES, LOURDES
995 SW 84TH AVE
STE 227
MIAMI, FL 33144

Name Lourdes Lastres
Street Address (P.O. Box Number is Not Acceptable)
995 SW 84th Avenue #227
City Miami FL Zip Code 33144

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 Lourdes G. Lastres, Secretary Hastey 01/12/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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
NAME TD
STREET ADDRESS LASTRES, LOURDES
CITY-ST-ZIP 995 SW 84 AVE APT 227
MIAMI, FL 33144 ☐ Delete

TITLE
NAME SD
STREET ADDRESS Lastres, Lourdes
CITY-ST-ZIP 995 SW 84th Ave #227
Miami, FL 33144 ☒ Change ☐ Addition

TITLE
NAME PD
STREET ADDRESS MENENDEZ, DOLORES
CITY-ST-ZIP 995 SW 84 AVENUE #303
MIAMI, FL 33144 ☒ Delete

TITLE
NAME
STREET ADDRESS 200143345002
CITY-ST-ZIP 02/11/09--01005--001 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS THOMAS, RODRIGUEZ
CITY-ST-ZIP 9955 SW 84TH AVE #326
MIAMI, FL 33144 ☐ Delete

TITLE
NAME PD
STREET ADDRESS Rodriguez Tomas
CITY-ST-ZIP 995 SW 84th Ave #326
Miami, FL 33144 ☒ Change ☐ Addition

TITLE
NAME VTD
STREET ADDRESS SANCHEZ, EDDY
CITY-ST-ZIP 995 SW 84TH AVE #212
MIAMI, FL 33144 ☐ Delete

TITLE
NAME TD
STREET ADDRESS Sanchez, Eddy
CITY-ST-ZIP 995 SW 84th Ave #212
Miami, FL 33144 ☒ Change ☐ Addition

TITLE
NAME VPD
STREET ADDRESS CABRERA, MARIA E
CITY-ST-ZIP 995 SE 84TH AVE #209
MIAMI, FL 33144 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Hastey - Lourdes G. Lastres - Treasurer 01/14/09 305-242-5202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #