


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90049 021 \*\*\*\*61.25

**DOCUMENT # N03000003829**

1. Entity Name  
 CORAL WEST VILLAS ASSOCIATION INC.



Principal Place of Business 3360-98 WEST 80TH ST HIALEAH, FL 33018	Mailing Address 2011 WEST 62ND ST HIALEAH, FL 33016
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**40068006**



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0167340	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

AMERICAN MGMT. & REALTY  
 2011 WEST 62 STREET  
 HIALEAH, FL 33016

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANZANO, ALEX 3384 WEST 80TH STREET, SUITE 101 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, NORMA S 3372 WEST 80TH STREET, #102 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CABALE, NOE 3372 WEST 80TH ST SUITE 202 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, HAROLD 3372 WEST 80TH ST SUITE 101 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ DATE: 04/1/08 DAYTIME PHONE #: 305-766-0908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR