


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

APPROVED
AND
FILED

05 SEP 29 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003962					
1. Entity Name WESTLAND GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8053 NW 155 STREET HIALEH LAKES, FL 33016		Mailing Address 8053 NW 155 STREET HIALEH LAKES, FL 33016			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 55-0831994 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required 09152005 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YEAR ROUND MANAGEMENT 8053 NW 155 STREET HIALEAH LAKES, FL 33016			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>					
Amended AR is \$61.25		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL, MARTINEZ		NAME	HABACH SADIK	
STREET ADDRESS	7801 NW 187 TERRACE		STREET ADDRESS	5625 W 20 AVE. APT. 308	
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	900060203673	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS, RAMOS		NAME	10/04/05--01015--010	**\$61.25
STREET ADDRESS	8567 CORAL WAY #194		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, NATALIA		NAME	RICARDO BEROVIDES	
STREET ADDRESS	5755 WEST 20TH AVE. #210		STREET ADDRESS	5770 W 20 AVE. APT. 210	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	ALDO PENALVER	
STREET ADDRESS			STREET ADDRESS	5705 W 20 AVE. APT. 310	
CITY-ST-ZIP			CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Sadik Habach</i>		Date: 09-23-05		Daytime Phone #: 786-426-9205	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



TR. Ecker SEP 29 2005