12008 NOT-FOR-PROFIT CORPORATIONAMENDED ANNUAL REPORT

FILED DOCUMENT #N03800003962 08 SEP -2 AM 8: 54 WESTLAND GARDENS CONDOMINIUM ASSOCIATION, JEURETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **5979 NW 151ST STREET** P.O. BOX 160718 **SUITE 101** HIALEAH, FL 33016 MIAMI LAKES, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08202008 Chg-NP CR2E037 (12/06) 4. FEI Number 55-0831994 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, ANGELICA P.A. 5901 SW 74 ST, STE 300 Street Address (P.O. Box Number is Not Acceptable) SOUTH MIAMI, FL 33143 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE X Addition TITI F Defete ☐ Change CLAUDIA RAMILEZ 5979 NW 151 61 GUILE 101 SADIK, HABACH NAME NAME 5625 W 20 AVE., #308 STREET ADDRESS STREET ADDRESS 10mi hakes, F1 33014 HIALEAH, FL 33012 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE **⊠** Change ☐ Addition BEROVIDES, RICARDO BEROVIDES, RICARDO NAME NAME 59,79 NW 151 61 Suite 101 5275 W 20 AVE #204 STREET ADDRESS STREET ADDRESS <u>iami halhes, Fl 33014</u> CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP JANICE DELGADO Defete TITLE ☐ Change Addition TITI F 5979 NW 151 St Suite 101 NAME ENRIQUE, OSVALDO NAME STREET ADDRESS STREET ACCRESS 5775 W 20 AVE #309 lami halres, Fl 33014 HIALEAH, FL 33012 CITY-ST-ZIP CITY-SI-ZIP Change Addition Delete TITLE TITLE KIDHARA BARCELO GONZALEZ, MARIANELA NAME NAME 979 NW 151 St Suite 101 STREET ADDRESS 5775 W 20 AVE #215 STREET ADDRESS iami naires. CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP TITLE Addition TITLE Delete ORIS RODRIGUEZ GONZALEZ, MARTA NAME NAME 5979 NW 151 St Guile 101 STREET ADDRESS STREET ADDRESS 5755 W 20 AVE #105 HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Addition TITLE 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 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 of the corporation of the receiver of trustee empowered. SIGNATURE: 2 TED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone