1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N10570

WESTLAND PARK CONDOMINIUM ASSOCIATION, INC. #9

Principal Place of Business	Mailing Address
1690 W 60TH ST. HIALEAH FL 33012 US	1690 WEST 60 STREET #4 APT. #4 HIALEAH FL 33012 US

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90022 004 ****61.25

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		US						
Principal P	Principal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed			
21	26				08/06/1985			
Suite, Apt. #, etc. Suite, Apt. #, etc			···		4. FEI Number	Ap	plied For	
27					59-2729749	No	t Applicable	
City & State City & State					5. Certifcate of Status Desired	,	\$8.75 Additional Fee Required	
23 Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	May Re	
24	25 29 30				Trust Fund Contribution Added to Fees			
24]	9. Name and Address of Current				10. Name and Address of New Regis	stered Agent		
		<u> </u>	81	Name		·		
SIERRA, L	IRAI DO			0: 4 4 4	(D.O. D. N. shor is Not Assertable)			
	NOTH ST., APT 4		82	Street Add	Address (P.O. Box Number is Not Acceptable)			
HIALEAH			83					
NIALEAN (FL 33012							
			84	City		FL 85 Zip	Code	
office or r	registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was autrions of Section 617.0503, Florid	orized by a Statutes	the corporat	poration submits this statement for the purption's board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	11 TITLE			☐ Change	☐ Addition	
NAME	SIERRA, UBALDO		12 NAME					
STREET ADDRESS	4000 M 00 OT #4			T ADDRESS				
CITY-ST-ZIP	HIALEAH FL		14 CITY-S					
TITLE	VD	☐ DELETE	21 TITLE			Change	☐ Addition	
NAME	PRIETO, MANUAL O.		22 NAME					
STREET ADDRESS	LODGE INC. COTTLA OT		23 STREE	T ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012		2 4 CITY-				·	
TITLE			31 TITLE			☐ Change	Addition	
NAME	VICTORIANO. SALGUEIRO		3.2 NAME					
STREET ADDRESS	1690 W 60TH ST.		3.3 STREE	TADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012		3.4 CITY-5	ST-ZIP				
TITLE	SD	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	CHAVEZ, GUILLERMO		4 2 NAME					
STREET ADDRESS	**** W *******		43 STREE	T ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012		4.4 CITY-S	ST-ZIP	_			
TITLE		☐ DELETE	5 1 TITLE			Change	Addition	
NAME			52 NAME					
STREET ADDRESS			53STREE	T ADDRESS				
CITY-ST-ZIP			54 CITY-5	ST-ZIP	<u>.</u>			
TITLE		☐ DELETE	6; TITLE			☐ Change	Addition	
NAME			62 NAME					
STREET ADDRESS			63STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP				

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: USAL DO SIÈRLA - X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR