


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
2007 MAR 26 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10570					
1. Entity Name WESTLAND PARK CONDOMINIUM ASSOCIATION, INC. #9					
Principal Place of Business 1690 W 60TH ST. HIALEAH, FL 33012 US			Mailing Address 1690 WEST 60 STREET #4 APT. #4 HIALEAH, FL 33012 US		
2. Principal Place of Business		3. Mailing Address 4445 W 16 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 308			
City & State		City & State HIALEAH, FL		4. FEI Number 59-2729749	
Zip		Zip 33012		Country DADE	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIERRA, UBALDO 1690 W. 60TH ST., APT 4 HIALEAH, FL 33012				Name B 3/29/07	
				Street Address (P.O. Box Number is Not Acceptable)	
				City REINSTATEMENT	
				State 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 <u><i>U. Sierra</i></u>			DATE <u>Nov. 06, 2006</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, UBALDO 1690 W. 60 ST. #4 HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800096248368 04/09/07--01049--023 **297.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIETO, MANUAL O. 1690 W. 60TH ST. #1 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICTORIANO, SALGUEIRO 1690 W 60TH ST. HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, DELTO 1690 W 60th St # 3 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAVEZ, GUILLERMO 1690 W 60TH ST. #2 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VACA, MIGUEL A 1690 W 60th St # 2 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>U. Sierra</i></u>			Date <u>11-06-06</u>		Daytime Phone # <u>305-823-1201</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #