

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17289** (2)

1. Corporation Name

WESTWIND LAKES GARDEN HOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O THE CONTINENTAL GROUP, 12079 SW 131 AVENUE, MIAMI FL 33186
Mailing Address: C/O THE CONTINENTAL GROUP, 12079 SW 131 AVENUE, MIAMI FL 33186

3. Date Incorporated or Qualified: **10/13/1986**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0001138**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BAYER, THEODORE R. ESQUIRE
9400 DADELAND BLVD
SUITE 300
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: LAHECKA, KATHY	
STREET ADDRESS: 6537 SW 152 PLACE	
CITY-ST-ZIP: MIAMI FL	
TITLE: V	<input type="checkbox"/> DELETE
NAME: CARCIA, CARLOS	
STREET ADDRESS: 6405 SW 152 CIR PL	
CITY-ST-ZIP: MIAMI FL	
TITLE: T	<input checked="" type="checkbox"/> DELETE
NAME: SOTO, GLORIA	
STREET ADDRESS: 6497 SW 152 PL	
CITY-ST-ZIP: MIAMI FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: DETRES, ARNALDO	
STREET ADDRESS: 6796 SW 152 PL	
CITY-ST-ZIP: MIAMI FL	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: ROMAN, NATASHA	
STREET ADDRESS: 6504 SW 152 PLACE	
CITY-ST-ZIP: MIAMI FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: HERNANDEZ, OSVALDO	
STREET ADDRESS: 6500 SW 152 PL	
CITY-ST-ZIP: MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Detres, Arnaldo	
1.3 STREET ADDRESS: 6796 SW 152 Place	
1.4 CITY-ST-ZIP: Miami, Florida 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Goyanes, Natasha	
2.3 STREET ADDRESS: 6504 SW 152 Place	
2.4 CITY-ST-ZIP: Miami, Florida 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Marrone, Frank	
3.3 STREET ADDRESS: 6441 SW 152 Place	
3.4 CITY-ST-ZIP: Miami, Florida 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Garcia, Carlos	
4.3 STREET ADDRESS: 6405 SW 152 Cir Pl	
4.4 CITY-ST-ZIP: Miami, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Cueto, Maritza	
5.3 STREET ADDRESS: 6605 SW 152 Place	
5.4 CITY-ST-ZIP: Miami, Florida 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) Date _____ Daytime Phone # _____

CR2E037 (12/95)