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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

C/O THE CONTINENTAL GROUP
12079 SW 131 AVENUE
MIAMI FL 33186

C/O THE CONTINENTAL GROUP
12079 SW 131 AVENUE
MIAMI FL 33186-6475

3. Date Incorporated or Qualified: 10/13/1986
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number: 65-0001138
Applied For: Not Applicable

6. 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

10. Name and Address of New Registered Agent

BAYER, THEODORE R. ESQUIRE
9400 DADELAND BLVD
SUITE 300
MIAMI FL 33156

81 SKRLD, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, #1201
83
84 City: Coral Gables FL 85 Zip Code: 33134

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 SKRLD, Inc. by Lisa A. Lerner, Secretary 2/21/97
(Signature)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DETRES, ARNALDO	1.2 NAME	Debbie Milnes
STREET ADDRESS	6796 SW 152ND PLACE	1.3 STREET ADDRESS	15242 SW 68 Street
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33193
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARCIA, CARLOS	2.2 NAME	Robert Soto
STREET ADDRESS	6405 SW 152 CIR PL	2.3 STREET ADDRESS	6497 SW 152 Place
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33193
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYANES, NATASHA	3.2 NAME	Natasha Goyanes
STREET ADDRESS	6504 SW 152ND PLACE	3.3 STREET ADDRESS	6504 SW 152 Place
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33193
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, CARLOS	4.2 NAME	Kathy Lehecka
STREET ADDRESS	6405 SW 152ND PLACE	4.3 STREET ADDRESS	6537 SW 152 Place
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33193
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUETO, MARITZA	5.2 NAME	Frank Marrone
STREET ADDRESS	6605 SW 152ND PLACE	5.3 STREET ADDRESS	6441 SW 152 Place
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33193
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, OSVALDO	6.2 NAME	
STREET ADDRESS	6500 SW 152 PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *(Signature)* REQUIRED

CR2E037 (9/96)