

UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

02-02-2000 90009 018 ****61.25
 05-04-2000 90119 040 ****61.25

DOCUMENT # N17289

1. Entity Name

WESTWIND LAKES GARDEN HOMES CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

**6511 SW 152 CT
 Miami, Fl.**

**c/o The Continental Group
 12079 SW 131 Avenue
 Miami, Fl. 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0001138

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD INC
 201 ALHAMBRA CR
 1201
 CORAL GABLES, FL. 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p> <p>PD MILNES, DEBBIE 15242 SW 68 ST MIAMI, FL.</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>PD NATASHA GOYANES c/o The Continental Group, Ltd. 12079 SW 131 Avenue MIAMI, FL 33186</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p> <p>VPD SOTO, ROBERT 6497 SW 152 PL MIAMI, FL.</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>VPD DEBBIE MILNES c/o The Continental Group, Ltd. 12079 SW 131 Avenue MIAMI, FL 33186</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p> <p>SD GOYANES, NATASHA 6504 SW 152 PL MIAMI, FL.</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STD KATHY LAHECKA c/o The Continental Group, Ltd. 12079 SW 131 Avenue MIAMI, FL 33186</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p> <p>TD LAHECKA, KATHY 6537 SW 152 PL MIAMI, FL.</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>D BOB SOTO c/o The Continental Group, Ltd. 12079 SW 131 Avenue MIAMI, FL 33186</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p> <p>D SOTO, GLORIA 6497 SW 152 PL MIAMI, FL.</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>D GLORIA SOTO c/o The Continental Group, Ltd. 12079 SW 131 Avenue MIAMI, FL. 33186</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input checked="" type="checkbox"/> Delete</p> <p>D HERNANDEZ, OSVALDO 6500 SW 152 PL MIAMI, FL.</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

12. 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 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:

NATASHA GOYANES President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 255-3000
 Date Daytime Phone #

CR2E037 (9/99)