

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90024 033 ****61.25

DOCUMENT # N17289

1. Entity Name
WESTWIND LAKES GARDEN HOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6511 SW 152 CT
 MIAMI, FL 33193**

Mailing Address
**C/O THE CONTINENTAL GROUP
 12079 SW 131 AVENUE
 MIAMI, FL 33186**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
c/o The Continental Group
 Suite, Apt. #, etc.
11981 SW 144 Ct., #201


City & State
Miami, FL 33186

City & State
Miami, FL 33186

Zip
33186

Country
USA

24005918



01082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**SKRLD INC
 201 ALHAMBRE CR
 1201
 CORAL GABLES, FL 33134**

4. FEI Number
65-0001138

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, BOB 12079 SW 131 AVE MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DETRES, ARNALDO 12079 SW 131 AVE MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADERA, NESTOR 12079 SW 131 AVE MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOTO, GLORIA 12079 SW 131 AVE MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bob Soto 11981 SW 144 Ct., #201 Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mercy Moreira 11981 SW 144 Ct., #201 Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Madera, Nestor 11981 SW 144 Ct., #201 Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gloria Soto 11981 SW 144 Ct., #201 Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patty Rojas 11981 SW 144 Ct., #201 Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: ARNALDO DETRES _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #