

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:09

DOCUMENT # N23777 (8)
1. Corporation Name
FIRST WEST LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 8315 P.O. BOX 8315
HIALEAH FL 33015 HIALEAH FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1987 3a. Date of Last Report 07/26/1994
4. FEI Number 65-0221221 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

MUNOZ, MAXIMO
2062 WEST 54 STREET
HIALEAH FL 33016

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MUNOZ, MAXIMO	1.2 NAME	
STREET ADDRESS	2062 WEST 54TH STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GILBERTO, JESUS	2.2 NAME	
STREET ADDRESS	5320 WEST 20 LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CARMENATE, REBECA	3.2 NAME	
STREET ADDRESS	2044 WEST 53 PLACE	3.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, MARIA ROSA	4.2 NAME	
STREET ADDRESS	5281 WEST 20 COURT	4.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	4.4 CITY- ST- ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	EQUIZ, JAIRO	5.2 NAME	
STREET ADDRESS	5301 WEST 20 COURT	5.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/95

Signature Printed Name