

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 # N23777 (8)

1. Corporation Name

FIRST WEST LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 8315
HIALEAH FL 33015

P.O. BOX 8315
HIALEAH FL 33015

3. Date Incorporated or Qualified

12/08/1987

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 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 in application

(NONP: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MUNOZ, MAXIMO	
STREET ADDRESS	2062 WEST 54TH STREET	
CITY - ST - ZIP	HIALEAH FL	
TITLE	D	☐ DELETE
NAME	GILBERTO, JESUS	
STREET ADDRESS	5320 WEST 20 LANE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	D	☐ DELETE
NAME	CARMENATE, REBECA	
STREET ADDRESS	2044 WEST 53 PLACE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	D	☐ DELETE
NAME	BENNETT, MARIA ROSA	
STREET ADDRESS	5261 WEST 20 COURT	
CITY - ST - ZIP	HIALEAH FL	
TITLE	S	☐ DELETE
NAME	EQUIZ, JAIRO	
STREET ADDRESS	5381 WEST 20 COURT	
CITY - ST - ZIP	HIALEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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)