2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90004 038 ****61.25

DOCUMENT # N23777

1. Entity Name

FIRST WEST LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8315 HIALEAH FL 33015	C/O ACTION GENERAL SERV CORP PO BOX 110548 HIALEAH FL 33011-0548

B0062013

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4445 West 16 Ave Suite, Apt. #, etc. SUITE 308
City & State	City & State HIALEAH, FL
Zip / Country	Zip 33012 / Country Dade

4. FEI Number 65-0221221 ☐ Applied For ☐ Not Applicable

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
ALZA, LUIS P 5352 W. 20TH COURT HIALEAH FL 33016	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 Luis Alza, 06/08/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUNOZ, MAXIMO 5371 W. 20TH COURT HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALZA, LUIS P. 5352 W 20th CT HIALEAH, FL. 33016	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALZA, LUIS P 5352 W. 20TH CT HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUNOZ, MAXIMO 5352 W 20th CT HIALEAH, FL. 33016	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRICENO, XIOMARA 2048 W. 53RD PLACE HIALEAH FL 33016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GORDILLO, ENRIQUE 5391 W 20th CT HIALEAH, FL. 33016	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETTE, MARIA ROSA 5261 WEST 20 COURT HIALEAH FL 33016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAIG, LINDA C. 5325 W 20th LN HIALEAH, FL. 33016	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GORDILLO, ENRIQUE 5391 W. 20TH COURT HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAIG, LYNDA C 5325 W 20TH LN HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 8/06/2001 (305) 823-1201