


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N26329

1. Entity Name
WEST VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2400 WEST 54TH PLACE
HIALEAH, FL 33016

Mailing Address
2400 WEST 54TH PLACE
HIALEAH, FL 33016



02272007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0486969 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, DAVID
2400 WEST 54TH PLACE
HIALEAH, FL 33016

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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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, DAVID
STREET ADDRESS	2400 WEST 54TH PLACE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	V
NAME	GARDILLO, HENRY
STREET ADDRESS	2405 WEST 54TH PLACE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	S
NAME	ALVAREZ, PORFIRIO
STREET ADDRESS	2420 WEST 54TH PLACE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	T
NAME	MARQUEZ, ISMAEL
STREET ADDRESS	2424 WEST 54TH PLACE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/29/07-80023-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **3/1/07** DAYTIME PHONE #: **305-362-4706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR