

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90286 031 ****61.25

DOCUMENT # N43895

1. Entity Name

WEST PALM GARDENS VILLAS CONDOMINIUM ASSOCIATION

Principal Place of Business

SPM GROUP INC.
 2451 LE JEUNE RD. S-305
 CORAL GABLES FL 33134

Mailing Address

SPM GROUP INC.
 2451 LE JEUNE RD. S-305
 CORAL GABLES FL 33134-4200

2. Principal Place of Business

SPM Group Inc. 2500 NW
 Suite, Apt. #, etc.
 97 ave # 200

3. Mailing Address

SPM Group Inc. 2500 NW 97 ave
 Suite, Apt. #, etc.
 # 200

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0293761

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPM GROUP, INC.
 2451 LE JEUNE ROAD
 S-305
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name SPM Group Inc.
 Street Address (P.O. Box Number is Not Acceptable)
2500 NW 97 ave
suite # 200
 City Miami, FL Zip Code 33172

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALEMAN, ARMANDO	
STREET ADDRESS	2331 W 69 ST #1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TUNDIDOR, HECTOR	
STREET ADDRESS	2329 W 69 ST #1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VASQUEZ, CELIA	
STREET ADDRESS	2367 W. 69 ST #1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, PEDRO	
STREET ADDRESS	2325 W 69 ST #1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARAGE, A	
STREET ADDRESS	2343 W 69 ST #2	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Celia Vasquez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
 Date

(305) 444-6757
 Daytime Phone #

CR2E037 (9/99)