

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED
 99 AUG 31 AM 10:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000001352 **AMENDED FORM**
 1. Corporation Name
WESTGATE MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **16701 Collins Ave, Miami Beach, Fl 33160**
 Mailing Address: **3850 Hollywood Blvd Suite 400, Hollywood, Fl 33021**

DO NOT WRITE IN THIS SPACE
 3. Date incorporated or Qualified: **03/15/1994**

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation owes the current year Intangible Personal Property Tax.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0490691		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State									
Zip		Country		Zip		Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Cornfeld, Robert M. 3850 Hollywood Blvd., Suite 400 Hollywood, Fl 33021				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert M. Cornfeld	1.2 NAME	
STREET ADDRESS	3850 Hollywood Blvd #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Fl 33021	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Shepherd	2.2 NAME	000002978810--6
STREET ADDRESS	16701 Collins Ave	2.3 STREET ADDRESS	-09/03/99--01091--027
CITY-ST-ZIP	Miami Beach, Fl 33160	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey D. Cornfeld	3.2 NAME	
STREET ADDRESS	3850 Hollywood Blvd #400	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Fl 33021	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Siegel	4.2 NAME	
STREET ADDRESS	5601 Windhover Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl 32819	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M. Cornfeld **8/18/99** (954) 989-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)