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

CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N 18 00000 3205 1. Corporation Name Westview Villas-11 Concominium Association, Principal Place of Business Mailing Address 7020 W.35 Avenue 7020 W. 35 Augnue 193 123 DO NOT WRITE IN THIS SPACE Hiabah, Fl. 33018 HiAlah, Fl. 33018 3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-084602() Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation owes the current year Intangible 30 □No 25 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Hernandez, Jorge L. Street Address (P.O. Box Number is Not Acceptable) 7020 W 35 Avenue 123 Hialeph, FL. 33018 84 Zip Code 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, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE TITLE 1.1 TITLE Change ☐ Addition Hernanoez, Jorge L. NAME 1.2 NAME 7020 W. 35 Avenue #123 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP Hialeph A. 33018 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Comen. Adrian 17020-W. 35 Avenue #104 --STREET ADDRESS 2.3 STREET ADDRESS Hinlern, Fl. 33018 CITY-ST-ZIP 2. 4 CITY-ST-ZIF ☐ DELETE ☐ Change TITLE 3.1 TITLE ☐ Addition Valoez, Gustavo NAME 3.2 NAME 7000 W 35 Avenue # 106 STREET ADDRESS 3.3 STREET ADDRESS Hialeph FL. 33018 CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE ☐ Addition TITLE Change 4.1 TITLE Diaz Barbara 7020 W. 35 Avenue#116 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS HIALDH, FL. 33018 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 angual 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 by 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 changes, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED

May 22, 2002 8:00 am Secretary of State

05-22-2002 90236 005 ****61.25