

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003205	
1. Entity Name WESTVIEW VILLAS-II CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 7020 WEST 35 AVENUE 123 HIALEAH, FL 33018	Mailing Address 7020 WEST 35 AVENUE 123 HIALEAH, FL 33018



DO NOT WRITE IN THIS SPACE

09082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0846030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERNANDEZ, JORGE L
 7020 WEST 35 AVENUE
 123
 HIALEAH, FL 33018

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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 September 8, 2004

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

U00000172153
 09/13/04-80001-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JORGE L 7020 WEST 35 AVENUE #123 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREA, ADRIAN 7020 WEST 35 AVENUE #104 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDEZ, GUSTAVO 7020 WEST 35 AVENUE #106 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, BARBARA 7020 WEST 35 AVENUE #116 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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] 8/28/04 305-557-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #