2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N98000003205 03-14-2005 90096 001 ****61.25 WESTVIEW VILLAS-II CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 7020 WEST 35 AVENUE 7020 WEST 35 AVENUE 5002535n HIALEAH, FL 33018 HIALEAH, FL 33018 2. Principal Place of Business 3. Mailing Address 7020 W Avenue 7020 W Neure Suite, Apt. #. etc. Suite, Apt. #, etc. 03022005 Chg-NP CR2E037 (10/03) 120 150 4. FEI Number 65-0846030 City & State City & State Applied For Hialco Not Applicable H<u>iulent</u> Country Country Zip Žip \$8,75 Additional 5. Certificate of Status Desired 33018 USΑ 33018 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Eduardo tuentes HERNANDEZ, JORGE L Street Address (P.O. Box Number is Not Acceptable) 7020 WEST 35 AVENUE 123 HIALEAH, FL 33018 Zip Code 330\8 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61,25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. President TITLE **X**Delete TITLE **★** Addition HERNANDEZ, JORGE L NAME Eduardo Fuentes 7020 WEST 35 AVENUE #123 STREET ADDRESS STREET ADDRESS # 120 7020 W 35 Ave HIALEAH, FL 33018 CITY-ST-ZIP CITY-ST-7IP President **X**Addition Delete Vice Change TITLE TITL F NAME COREA, ADRIAN NAME Jose Enrique 7020 WEST 35 AVENUE #104 STREET ADDRESS 7820 W 35 Ave # 112 STREET ADDRESS CITY - ST - ZIP HIALEAH, FL 33018 CITY-ST-ZIP 🔀 Delete TITLE ☐ Change **Addition** Treasurer Bofill VALDEZ, GUSTAVO NAME Isuac 7020 W 35 Ave # 117 STREET ADDRESS 7020 WEST 35 AVENUE #106 STREET ADDRESS HIALEAH, FL 33018 CITY-ST-7/P CITY-ST-ZIP FL. 33018 TITLE ☐ Delete TITLE ☐ Change Addition DIAZ, BARBARA NAME NAME STREET ADDRESS 7020 WEST 35 AVENUE #116 STREET ADDRESS CITY-ST-7IP HIALEAH, FL 33018 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME Lohviz Maria STREET ADDRESS STREET ADDRESS W35 Ave #115 CITY-ST-7IP CITY-ST-ZIP FL 33018 ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 14, 2005 8:00 am

Daytime Phone #