

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03735 (0)

1. Corporation Name

WEST GROVE TOWNHOMES CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

~~645 SW 87 AVENUE~~
~~245 A SW 87TH AVE~~
~~MIAMI FL 33174~~
~~US~~

C/O UNLIMITED CONDO MGMT
PO BOX 55-9069
MIAMI FL 33255-9069
US

3. Date Incorporated or Qualified
06/18/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 11431 SW 7 TERR
23 City & State
MIAMI FL
24 Zip
33174
25 Country
USA

26 WEST GROVE TOWNHOMES
27 RELIABLE MANAGEMENT
SERVICES, INC.
28 City & State
MIAMI, FL 33255-9069
29 Zip
30 Country

4. FEI Number
65-0191691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARECHE EDELMIRA
11431 SW 7TH TERR
STE 302
MIAMI FL 33174

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 2-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ARECHE, EDELMIRA	
STREET ADDRESS	11431 SW 7TH TERR #502	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, ALBERT	
STREET ADDRESS	11431 SW 7 TERR., #123	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, ALBERTO	
STREET ADDRESS	11431 SW 7TH TERR #103	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HIDALGO-GATO, MARIA	
STREET ADDRESS	11431 SW 7 TERR., #302	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIA FORT	
1.3 STREET ADDRESS	11431 SW 7 TERR # 501	
1.4 CITY-ST-ZIP	MIAMI FL 33174	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Modesto Morado	
2.3 STREET ADDRESS	11431 SW 7 TERR. # 303	
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	600002125236	
5.4 CITY-ST-ZIP	-03/26/97--01112--027	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)