

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90297 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03735					
1. Corporation Name WEST GROVE TOWNHOMES CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 11431 S.W. 7TH TERRACE MIAMI FL 33174 US			Mailing Address C/O MARIA FONT 11431 SW 7TH TERR APT 501 E MIAMI FL 33174-1081 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/18/1984	
				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	

9. Name and Address of Current Registered Agent FONT, MARIA 11431 SW 7TH TERR STE 501 E MIAMI FL 33174				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	FONT, MARIA			1.2 NAME			
STREET ADDRESS	11431 S.W. 7TH TERRACE # 501			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	MORADO, MODESTO			2.2 NAME			
STREET ADDRESS	11431 S.W. 7TH TERRACE #303			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			2.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	HIDALGO-GATO, MARIA			3.2 NAME			
STREET ADDRESS	11431 S.W. 7TH TERRACE #302			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ 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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99

Date

Daytime Phone #

CR2E037 (11/98)