

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

02-09-2004 90019 013 ****61.25

DOCUMENT # N01777 1. Entity Name WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 995 S.W. 84 AVENUE SUITE 100 MIAMI, FL 33144			Mailing Address 995 S.W. 84 AVENUE SUITE 100 MIAMI, FL 33144		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2483532	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LASTRES, LOURDES 995 SW 84TH AVE STE 227 MIAMI, FL 33144			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE 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 May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABERA, MARIA 995 SW 84TH AVE # 209 MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maria C. Gonzalez 995 S.W. 84th Ave #106 Miami, FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Quintana, MARIA 995 SW 84TH AVE #110 MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINTANA, MARIA 995 SW 84 AVE Apt 110 Miami, FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDEROS, MARIA 995 SW 84TH AVE #322 MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDEROS, MARIA 995 SW 84TH AVE #322 MIAMI, FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lastres, LOURDES 995 SW 84 AVE APT 227 MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lastres, Lourdes 995 SW 84 AVE Apt 227 Miami, FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERIA, JOSE 995 SW 84TH AVE #226 MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Moura Pereira 995 S.W. 84th Ave #102 Miami, FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERIA, JOSE 995 SW 84TH AVE #226 MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Moura Pereira 995 S.W. 84th Ave #102 Miami, FL 33144	
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: <i>Lastres, Director</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/02/04 (954) 760-5232 Date Daytime Phone #		

Sign Here