


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03735 1. Entity Name WEST GROVE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 11431 S.W. 7TH TERRACE MIAMI, FL 33174 US	Mailing Address C/O MORAN AND ASSOCIATES, INC. 12460 S.W. 8 STREET, #202 MIAMI, FL 33184 US
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04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0191691	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 MORAN AND ASSOCIATES, INC. 12460 S.W. 8TH STREET #202 MIAMI, FL 33184	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000951457
06/04/08-80034-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIDALGO-GATO, MARIA 11431 S.W. 7TH TERRACE #302 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEGA, ZOILA 11431 SW 7 TERRACE #201 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOTET, BLANCA 11431 SW 7 TERRACE #202 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/25/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #