

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01777

Entity Name: WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 12, 2016
Secretary of State
CC6743553001**Current Principal Place of Business:**995 SW 84TH AVENUE
ATTN: MANAGEMENT OFFICE
MIAMI, FL 33144**Current Mailing Address:**995 SW 84TH AVENUE
ATTN: MANAGEMENT OFFICE
MIAMI, FL 33144 US**FEI Number: 59-2483532****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF
121 ALHAMBRA PLAZA
10TH FLOOR
CORAL GABLES, FL 33134 US*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.***SIGNATURE: JENNIFER PEREZ****01/12/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	GONCALVES, JOSE MANUEL
Address	995 SW 84TH AVENUE ATTN: MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33144

Title	SECRETARY
Name	VILLA, LORETO
Address	995 SW 84TH AVENUE ATTN: MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33144

Title	ASST. TREASURER
Name	MENENDEZ, DOLORES
Address	995 SW 84TH AVENUE ATTN: MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33144

Title	TREASURER
Name	RUBIERA, IGNACIO
Address	995 SW 84TH AVENUE ATTN: MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33144

Title	VP
Name	MORALES, JULIAN A.
Address	995 SW 84TH AVENUE ATTN: MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE GONCALVES**PRESIDENT****01/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date