

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01777

**Entity Name:** WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jul 15, 2019**  
**Secretary of State**  
**7400117460CC**

**Current Principal Place of Business:**

C/O LYNX PROPERTY SERVICES  
12485 SW 137TH AVE SUITE 309  
MIAMI, FL 33186

**Current Mailing Address:**

C/O LYNX PROPERTY SERVICES  
12485 SW 137TH AVE SUITE 309  
MIAMI, FL 33186 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

07/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALFONSO, MARIO  
Address        C/O LYNX PROPERTY SERVICES  
                  12485 SW 137 AVE SUITE 309  
City-State-Zip: MIAMI FL 33186

Title            TREASURER  
Name            AGUIRRE, MATILDE  
Address        C/O LYNX PROPERTY SERVICES  
                  12485 SW 137TH AVE #309  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY  
Name            PASARON, BEATRIZ  
Address        C/O LYNX PROPERTY SERVICES  
                  12485 SW 137TH AVE #309  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            LASTRES, LOURDES  
Address        C/O LYNX PROPERTY SERVICES  
                  12485 SW 137TH AVE #309  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            LOPEZ, ANGELA  
Address        C/O LYNX PROPERTY SERVICES  
                  12485 SW 137 AVE SUITE 309  
City-State-Zip: MIAMI FL 33186

*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:** ALFONSO , MARIO

**PRESIDENT**

07/15/2019

Electronic Signature of Signing Officer/Director Detail

Date