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: ALICIA CAMINERO	DT	03/16/2015

Electronic Signature of Signing Officer/Director Detail

Title	DP	Title	DS
Name	RIVERA, ALICIA	Name	OBED, AMADO MR
Address	1722 SW 84 CT	Address	1722 SW 84 CT.
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155
Title	DVP	Title	DD
Name	EBERHARDT, FRANCIS	Name	ESPINOSA, LISETTE
Address	1722 SW 84 CT	Address	1722 SW 84 CT.
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155
Title	DT		
Name	CAMINERO, ALICIA		
Address	1722 SW 84 CT		
City-State-Zip:	MIAMI FL 33155		

Officer/Director Detail :

MORALES, ANICIA MRS 1722 SW 84 CT MIAMI, FL 33155 US
The above named entity submits this statement for the nurnose of char

Current Mailing Address:

C/O FIDELITY PROPERTY 1722 SW 84 CT MIAMI, FL 33155

FEI Number: 20-3658135

Name and Address of Current Registered Agent:

3581 SW 117 AVE MIAMI, FL 33176

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0500008939

Entity Name: WESTBIRD VILLAGE CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

Mar 16, 2015 Secretary of State CC4314180014

FILED

Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent

Date

Date