

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 724297 (7)**  
1. Corporation Name  
**WESTLAND COURTS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1855 WEST 60TH STREET  
HIALEAH FL 33012**

Mailing Address  
**1855 WEST 60TH STREET  
HIALEAH FL 33012**

3. Date Incorporated or Qualified  
**09/08/1972**

3a. Date of Last Report  
**03/27/1995**

4. FEI Number  
**59-1562327**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**GARCIA, LUIS R  
1855 W 60TH ST  
APT. #410  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
**WALDENIS, LINARES  
1855 W 60TH ST APT. 428  
HIALEAH FL**

VP ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**WAYNER, GLADYS  
1855 W 60TH ST. #241  
HIALEAH FL**

SD ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**GARCIA, LUIS R  
1855 W 60TH ST APT. 410  
HIALEAH FL**

VS ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PEREZ, ROLANDO  
1855 W. 60TH ST., #419  
HIALEAH FL**

TD ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VIAMONTES, DIEGO M  
1855 W 60TH ST APT. 416  
HIALEAH FL**

VT ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DANIEL, ARMANDO  
1855 W 60TH ST APT 319  
HIALEAH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**VP  
JOSE ECHEMENDIA  
1855 W 60th. ST. #325  
HIALEAH, FL 33012**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Luis R. Garcia* **Luis R. Garcia, Secretary**

02-27-96

(305) 823-5534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)