


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90034 031 \*\*\*\*61.25

<b>DOCUMENT # 724297</b> 1. Entity Name <b>WESTLAND COURTS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1855 WEST 60TH STREET HIALEAH FL 33012</b>			Mailing Address <b>1855 WEST 60TH STREET HIALEAH FL 33012</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1562327</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, MANNY G 1855 W 60TH ST APT # 421 HIALEAH FL 33012</b>			7. Name and Address of New Registered Agent Name <b>ACOSTA, LUIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1855 W 60th ST APT #312</b> <b>HIALEAH, FL. 33012</b> City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WALDENIS, LINARES 1855 W 60TH ST APT. 428 HIALEAH FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ALBALATI, MANUEL 1855 W 60TH ST APT 301 HIALEAH FL 33012</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FERNANDEZ, MANNY G 1855 W 60TH ST APT 421 HIALEAH FL 33012</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS REINOSO, JUAN 1855 WEST 60TH STREET APT 204 HIALEAH FL 33012</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VIAMONTES, DIEGO M 1855 W 60TH ST APT. 416 HIALEAH FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT ZELAYA, CAROLINA 1855 W 60TH ST APT 203 HIALEAH FL 33012</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ACOSTA, LUIS 1855 W 60th APT.312 HIALEAH, FL. 33012</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MARIN, VICTOR-E. 1855 W 60th ST APT 309 HIALEAH, FL. 33012</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT OLIVEROS, MADELIN 1855 W 60th ST APT.220 HIALEAH, FL. 33012</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Luis Acosta</u> <b>LUIS ACOSTA</b> <span style="float: right;">3-14-05</span>					