


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90044 049 ****61.25

DOCUMENT # 724297	
1. Entity 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-1562327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ACOSTA, LUIS 1855 W 50TH ST APT # 312 HIALEAH FL 33012	
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7. Name and Address of New Registered Agent	
Name OLIVEROS, MADELIN	
Street Address (P.O. Box Number is Not Acceptable) 1855 W 60th St. Apt. 220	
City HIALEAH	Zip Code FL 33012

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 reconstituting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, LUIS 1855 W 60TH APT 312 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVEROS, MADELIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1855 W.60th St. Apt.220 HIALEAH FL.33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBALATI, MANUEL 1855 W 60TH ST APT 301 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, HECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1855 W.60th St. Apt.405 HIALEAH, FL. 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIN, VICTOR E 1855 W 60TH ST APT 309 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS REINOSO, JUAN 1855 WEST 60TH STREET APT 204 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIAMONTES, DIEGO M 1855 W 60TH ST APT. 416 HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT OLIVEROS, MADELIN 1855 W 60TH ST, APT 220 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GOMEZ, HILDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1855 W. 60th.St. Apt.430 HIALEAH, FL. 33012

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

*2006 * R * 615 * 10 * 1 February 12 2006 (ME) 557-1873*