


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 59-1562327									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent FERNANDEZ, MANNY G 1855 W 68TH ST APT 421-A HIALEAH, FL 33012			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name LINARES, WALDEMIS </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 1855 W 60TH APT 428-C </td> </tr> <tr> <td style="padding: 2px;"> City HIALEAH </td> <td style="padding: 2px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Zip Code 33012 </td> </tr> </table>			Name LINARES, WALDEMIS		Street Address (P.O. Box Number is Not Acceptable) 1855 W 60TH APT 428-C		City HIALEAH	FL	Zip Code 33012	
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Street Address (P.O. Box Number is Not Acceptable) 1855 W 60TH APT 428-C													
City HIALEAH	FL												
Zip Code 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINARES, WALDEMIS 1855 W 60TH ST APT 428-C HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103920893 06/05/07--01051--001 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLAZABAL, DANILO H 1855 W 60TH ST APT 224-C 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	SD LERA, JORGE A 1855 W 60TH ST APT 425-C HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SOLA, GRACIELLA 1855 WEST 60TH STREET APT 336-A HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, MANNY G 1855 W 60TH ST APT. 421-A HIALEAH, FL	<input checked="" 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 CASALLAS, ORLANDO 1855 W 60TH ST APT 411-C HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JC6/1									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.													
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		WALDEMIS LINARES		05/15/07									
		305-823-9319											

FILED

07 MAY 22 AM 7:25

CLERK OF STATE
TALLAHASSEE, FLORIDA



05062007 Chg-NP CR2E037 (12/06)