

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726286

FILED
Jun 24, 2009
Secretary of State

Entity Name: WESTLAND PLAZA GARDENS CONDOMINIUM, INC.

Current Principal Place of Business:

MANAGEMENT SPECIALTY
P.O. BOX 522333
MIAMI, FL 33152 US

New Principal Place of Business:

1300 WEST 53RD STREET
35
HIALEAH, FL 33012 US

Current Mailing Address:

MANAGEMENT SPECIALTY
P.O. BOX 522333
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 59-1577818 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MANAGEMENT SPECIALTY INC
8625 NW 8TH STREET
APT. #407
MIAMI, FL 33126 US

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, MANUEL
Address: 1300 W 53 STREET #35
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: HERNANDEZ, RENE
Address: 1300 W 53 STREET #34
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: PARADELA, RAUL
Address: 1300 W 53 STREET #28
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MANUEL LOPEZ

PD

06/24/2009

Electronic Signature of Signing Officer or Director

Date