


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90024 020 \*\*\*\*61.25

**DOCUMENT # 727018**  
1. Entity Name  
**W.G.C. CONDOMINIUM ASSOCIATION, INC.**




Principal Place of Business      Mailing Address  
% TPS MANAGEMENT      % TPS MANAGEMENT  
P.O. BOX 661554      P.O. BOX 661554  
MIAMI SPRINGS FL 33266      MIAMI SPRINGS FL 33266

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

**34005101**



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For  
**65-0244031**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
SKRLD, INC.  
201 ALHAMBRA CIRCLE., STE 1102  
CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, GUILLERMO J	
STREET ADDRESS	575 W. 49TH STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, MANUEL L	
STREET ADDRESS	575 W. 49TH STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALFONSO, LAZARO M	
STREET ADDRESS	5805 W. 15TH COURT	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reinaldo Ponce Jr.	
STREET ADDRESS	1350 West 53 Street #30	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	Vice-President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lazaro R Lopez	
STREET ADDRESS	1350 West 53 Street #23	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	Treasurer D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amadis Acebo	
STREET ADDRESS	1350 West 53 Street #2	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	Secretary D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benigno Pesantes	
STREET ADDRESS	P.O. Box 655001	
CITY-ST-ZIP	Miami, FL 33265	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  **Reinaldo Ponce**      2/5/04      305 593-2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #