


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2008 JUN -5 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727018			
1. Entity Name W.G.C. CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % TPS MANAGEMENT P.O. BOX 661554 MIAMI SPRINGS, FL 33266		Mailing Address % TPS MANAGEMENT P.O. BOX 661554 MIAMI SPRINGS, FL 33266	
2. Principal Place of Business - No P.O. Box # 1350 West 53rd Street		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State	
Zip 33012		Country	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKRLD, INC. 201 ALHAMBRA CIRCLE., STE 1102 CORAL GABLES, FL 33134		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PONCE, REINALDO JR. <input checked="" type="checkbox"/> Delete 1350 W 53 STREET, #8 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Lourdes E. Quilès <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1350 West 53rd Street #4 Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PESANTES, BENIGNO <input checked="" type="checkbox"/> Delete P.O. BOX 655001 MIAMI, FL 33265	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Otto Arteaga <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1350 West 53rd Street #5 Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AVELLAN, RUBILDA <input checked="" type="checkbox"/> Delete 1350 W 53 ST 7 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Rogelio Castro <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1350 West 53rd Street #25 Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300131001173 06/06/08--01037--013 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: _____		Date: 5/15/08 Daytime Phone #: 305-885-0845	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			