2003 NOT-FOR-PROFIT CORPORATION LUNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727018

1. Entity Name

WE THE

FILED Feb 17, 2003 8:00 am § Secretary of State

02-17-2003 90242 006 ****61.25

W.G.C.	CONDOMINIUM ASSOCIATION	ON, 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. Principa	al Place of Business	3. Mailing Address	 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	HECK HERE IF MAKING CHANGE		
City & State		City & State			4. FEI Number 65-0244031 Applied For		
Zip	Country	Zip	Country	5. Certificate of Stat	11s Desired	Not Applicable	
	6. Name and Address of Curre	ent Registered Agent	<u> </u>		Fee Requi	red	
			Name	/. Name and Addre	ess of New Registered Agent		
SKRLD,			Stroot Address	(FO P N 1 1 1 1			
	HAMBRA CIRCLE., STE 1102 GABLES FL 33134		Sireet Addres	s (P.O. Box Number is No	t Acceptable)		
CORAL	GADLES PL 33134			·			
			City	-	E		
8. The above	ve named entity submits this statement ations of registered agent.	for the purpose of changing its	registered office or regis	*****			
the oblig	ations of registered agent.	is the purpose of changing its	registered office of regis	tered agent, or both, in the	e State of Florida. I am familiar with	i, and accept	
•							
SIGNATURE	Signature, typed or printed name of registered age						
	The state of the s	int and the if applicable. (NOTi	E: Registered Agent signature requi	ired when reinstating)	DATE		
Trust Fund C			mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of	to State	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IF	1.40	
TITLE	PD CONTALET OUR LEDWO .	☐ Delete	TITLE		Change	Addition	
name Street address	GONZALEZ, GUILLERMO J 575 W. 49TH STREET		NAME		onango	☐ Vacilion	
CITY-ST-ZIP	HIALEAH FL 33012		STREET ADDRESS				
TITLE	TD		CITY-ST-ZIP				
NAME	GONZALEZ, MANUEL L	☐ Delete	TITLE			A 1.00	
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indicated on this report or supplemental report is fue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an accurate, with all other like empowered.

SIGNATURE:

SWATURE REQUIRED

305-593-2295