

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729448

FILED
Apr 29, 2009
Secretary of State

Entity Name: WESTLAND SOUTH CONDOMINIUM, INC.

Current Principal Place of Business:

275 FOUNTAINBLEAU BLVD
STE 200
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

275 FONTAINEBLEAU BLVD #200
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 59-1679103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, NESTOR
3971 SW 8 ST, STE #209
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: VD () Delete
Name: LOPEZ, OSCAR
Address: 275 FONTAINEBLEAU BLVD. #200
City-St-Zip: MIAMI, FL 33172

Title: PD () Delete
Name: RODRIGUEZ, MANUEL
Address: 275 FONTAINEBLEAU BLVD. #200
City-St-Zip: MIAMI, FL 33172

Title: SD () Delete
Name: RIVERA, VICTOR
Address: 275 FONTAINEBLEAU BLVD. #200
City-St-Zip: MIAMI, FL 33172

Title: TD () Delete
Name: RODRIGUEZ, MARIA T
Address: 275 FONTAINEBLEAU BLVD. #200
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: BANA, ARMANDO
Address: 275 FONTAINEBLEAU BLVD. #200
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: GUERRERO, ESTHER
Address: 275 FONTAINEBLEAU BLVD. #200
City-St-Zip: MIAMI, FL 33172

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:

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 RODRIGUEZ

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date