



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90078 043 \*\*\*\*61.25

<b>DOCUMENT # 736833</b>					
1. Entity Name THE TOWERS OF WESTLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4525 W 20TH AVE HIALEAH, FL 33012		Mailing Address 11936 SW 8TH ST MIAMI, FL 33184 US		<p>40046482</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03212007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1718528	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, JESUS 11936 SW 8TH STREET MIAMI, FL 33184				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, JOSE		NAME		
STREET ADDRESS	4525 W 20TH AVE. C-521		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SALES, ANTONIO</del>		NAME	MOLLEDA, MARTHA M	
STREET ADDRESS	<del>4525 W 20TH AVE. C-228</del>		STREET ADDRESS	4525 W 20 AVE # C-325	
CITY-ST-ZIP	<del>HIALEAH, FL 33012</del>		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HERNANDEZ, JESUS</del>		NAME	HERNANDEZ, JESUS	
STREET ADDRESS	<del>4525 W 20 AVE # C-125</del>		STREET ADDRESS	4525 W 20 AVE # C-125	
CITY-ST-ZIP	<del>HIALEAH, FL 33012</del>		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	<del>T</del>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MANUEL, FRANQUIZ</del>		NAME		
STREET ADDRESS	<del>1976 W 44TH PLACE A-410</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>HIALEAH, FL 33012</del>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>Jose Dominguez</i>		President		Date: 3/29/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	