

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 31, 2009
Secretary of State

DOCUMENT# 736833

Entity Name: THE TOWERS OF WESTLAND CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6625 MIAMI LAKES DRIVE
SUITE 332
MIAMI LAKES, FL 33014 US**New Principal Place of Business:****Current Mailing Address:**6625 MIAMI LAKES DRIVE
SUITE 332
MIAMI LAKES, FL 33014 US**New Mailing Address:****FEI Number:** 59-1718528**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CUEVAS, ANDREW ESQ
CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**FERNANDEZ, YUDANY ESQ
ALFARO & FERNANDEZ, P.A.
5801 NW 151 STREET, PENTHOUSE SUITE
MIAMI LAKES, FL 33014 US

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: YUDANY FERNANDEZ, ESQ

07/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIAZ, JUAN
Address: 1975 WEST 44TH PLACE, UNIT A-106
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: SALES, ANTONIO
Address: 4525 WEST 20 AVENUE, UNIT C-226
City-St-Zip: HIALEAH, FL 33012

Title: S () Delete
Name: RAMOS, ANA J
Address: 1975 WEST 44TH PLACE, UNIT A-510
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: MIRANDA, FLORITA R
Address: 4525 WEST 24TH AVE UNIT C-228
City-St-Zip: HIALEAH, FL 33012

Title: T () Delete
Name: JIMENEZ, NELSON J
Address: 4525 WEST 24TH AVE UNIT C-227
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SALES, ANTONIO
Address: 4525 WEST 20 AVENUE, UNIT C-226
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change () Addition
Name: SANCHEZ, JORGE
Address: 4525 WEST 20 AVENUE, UNIT C-223
City-St-Zip: HIALEAH, FL 33012

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: JUAN DIAZ

P

07/31/2009

Electronic Signature of Signing Officer or Director

Date