

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746209** (6)

1. Corporation Name

WESTLANDIA CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

Mailing Address

% PMS CORPORATION
8299 CORAL WAY
MIAMI FL 33155

% PMS CORPORATION
8299 CORAL WAY
MIAMI FL 33155

3. Date Incorporated or Qualified
03/12/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

4. FEI Number

59-2169277

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

P.M.S. CORP.
8299 CORAL WAY
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, MARTIN	
STREET ADDRESS	821 WEST 41 STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TORRES, PEDRO	
STREET ADDRESS	3992 WEST 8TH LANE #24	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRAU, TERESA	
STREET ADDRESS	2572 WEST 70 PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, CARMEN	
STREET ADDRESS	3992 WEST 8TH LANE #24	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, JUAN	
STREET ADDRESS	4036 WEST 8TH LANE #39	
CITY-ST-ZIP	HIALEAH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ANGEL	
STREET ADDRESS	3980 WEST 8TH LANE #21	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VAZQUEZ, MARTIN	
1.3 STREET ADDRESS	821 WEST 41 ST.	
1.4 CITY-ST-ZIP	HIALEAH, FL 33012	
2.1 TITLE	VPSPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TORRES, PEDRO	
2.3 STREET ADDRESS	3992 WEST 8 LANE	
2.4 CITY-ST-ZIP	HIALEAH, FL 33012	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRAU, TERESA	
3.3 STREET ADDRESS	2572 WEST 70 PLACE	
3.4 CITY-ST-ZIP	HIALEAH, FL 33016	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VAZQUEZ, GRACE	
4.3 STREET ADDRESS	821 WEST 41 ST	
4.4 CITY-ST-ZIP	HIALEAH, FL 33012	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GONZALEZ, HUMBERTO	
5.3 STREET ADDRESS	4035 WEST 8 LANE	
5.4 CITY-ST-ZIP	HIALEAH, FL 33012	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JESUS ORTEGA	
6.3 STREET ADDRESS	819 WEST 41 ST.	
6.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33012	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14 1996 628-7829
Date Daytime Phone #

CR2E037 (12/95)