

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90137 002 \*\*\*\*61.25

**DOCUMENT # 746209**

1. Corporation Name

**WESTLANDIA CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business

% PMS CORPORATION  
8299 CORAL WAY  
MIAMI FL 33155

Mailing Address

% PMS CORPORATION  
8299 CORAL WAY  
MIAMI FL 33155



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**03/12/1979**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ, MARTIN	
STREET ADDRESS	821 WEST 41 STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TORRES, PEDRO	
STREET ADDRESS	3992 W 8TH LN	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ, GRACE	
STREET ADDRESS	821 WEST 41 STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BANJO, MARGARITA E	
STREET ADDRESS	4047 W 8TH LN	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORTEGA, JESUS	
STREET ADDRESS	819 WEST 41 STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TORRES, CARMEN	
STREET ADDRESS	3992 WEST 8TH LANE	
CITY-ST-ZIP	HIALEAH FL 33012	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD / SD
2.3 STREET ADDRESS	TORRES, PEDRO
2.4 CITY-ST-ZIP	3992 WEST 8TH LANE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER / D
5.3 STREET ADDRESS	ORTEGA, JESUS
5.4 CITY-ST-ZIP	819 WEST 41 STREET
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PRESIDENT / D
6.3 STREET ADDRESS	TORRES, CARMEN
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Carmen Torres* 4-27-99 (305) 264-4250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)