## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 746209

1. Corporation Name

WESTLANDIA CONDOMINIUM ASSOCIATION INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address % PMS CORPORATION 8299 CORAL WAY

MIAMI FL 33155

2a. Mailing Address

City & State

Suite, Apt, #, etc.

26

27

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

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



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

03/12/1979

59-2169277

4. FEI Number

9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the application of 7,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617,0502, Florida Statutes.  SIGNATURE  SI	Zip	Country	Zip	Cor	intry	6.	Election Campa	aign Financing		<b>\$5.</b> (	00 May Be	
P.M.S. CORP. 8299 CORAL WAY MIAMI FL 33155  83  84	24	25	29	30			Trust Fund Con	ntribution		Adde	ed to Fees	
P.M.S. CORP. 8299 CORAL WAY MIAMI FL 33155  82 Street Address (P.O. Box Number is Not Acceptable) 83	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
8299 CORAL WAY MIAMI FL 33155  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 impatered agent and title if applicable.  (NOTE Registered Agent agent and the if applicable.)  (NOTE Registered Agent agent and the if applicable.  (NOTE Registered Agent agent and the if applicable.)  (NOTE Registered Agent agent agent and the if applicable.)  (NOTE Register Agent agent agent and the if appli					81 Name						İ	
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Signature, typed or printed name of registered Agent and the if applicable.   NOTE: Registered Agent applicable.   NOTE:	office or re	enistered agent or both in the State of	Flooda, Such change	was authorized	o ov tne coro	corporatio oration's b	n submits this sta oard of directors.	atement for the I hereby acce	purpose of pt the appoir	changing ntment as	its registered registered	
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 (3)(7) industrial data stated in the control of the section of the property of the same length effect as if make under oath that I am an	14. I hereby o	certify that the information supplied with	this filing does not qu	alify for the exe	mption state	d in Section	n 119.07(3)(i), Fl	lorida Statutes.	I further cer	tify that t	he 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 a officer or director of the corporation or the receiver or trustee empowered to execute this report as people 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:

Applied For

\$8.75 Additional

Fee Required

Not Applicable

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**=** 177