

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91056 032 ****61.25

DOCUMENT # 746209

1. Entity Name

WESTLANDIA CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

% SPM GROUP INC
2500 NW 97 AVE #200
MIAMI FL 33172

Mailing Address

% SPM GROUP INC
2500 NW 97 AVE #200
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2169277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPM GROUP, INC.
2500 NW 97 AVE #200
MIAMI FL 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 NAME	D TORRES, PEDRO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3992 WEST 8TH LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE NAME	PD INIGUEZ, ENRIQUE A	<input type="checkbox"/> Delete
STREET ADDRESS	831 W 41 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE NAME	TD BANJO, ELIANA	<input type="checkbox"/> Delete
STREET ADDRESS	4047 W 8TH LN	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE NAME	D CASTRO, MANUEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4066 W. 8TH CRT	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE NAME	DS SALVADOR, RAFAEL	<input type="checkbox"/> Delete
STREET ADDRESS	838 W 40TH DR	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D Padron, Jose Rolando	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	820 W 40 Dr	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE NAME	D Urivazo, Teresa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	800 W 40 Dr.	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 (for) 444-6757 x18
Date Daytime Phone #