2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 746209

1. Entity Name
WESTLANDIA CONDOMINIUM ASSOCIATION INC.

FILED
06 JUN -2 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2200 NW 102 AVE #5 MIAMI, FL 33172	2200 NW 102 AVE #5 MIAMI, FL 33172

05302006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
7001 SW 87 Ct	P.O. Box 126370
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Hialeah, Fl.
Zip: 33173 Country: Dade	Zip: 33012 Country: Dade

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: Reliable Property Management Services Inc Street Address (P.O. Box Number is Not Acceptable): 7001 SW 87 Ct City: Miami FL Zip Code: 33173

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 _____ 5/30/06
Signature, typed or printed name of Registered Agent and Title, if applicable. (NOTE: Registered Agent signature required when name is changed.) DATE

Amended AR is $61.25

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 / STREET ADDRESS / CITY ST ZIP	D PADRON, JOSE ROLANDO 820 W. 40 DR HIALEAH, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Irene Zonszajn 826 W 40th Drive Hialeah FL 33012 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD INIGUEZ, ENRIQUE A 831 W 41 ST HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS Maria Tejada 824 W 40th Drive Hialeah FL 33012 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD BANJO, ELIANA 4047 W 8TH LN HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	100076157421 06/13/06--01045--004 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D URIVAZO, TERESA 800 W 40 DR. HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS SALVADOR, RAFAEL 838 W 40TH DR HIALEAH, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	2C 618 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 5/30/06 305-273-7978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #