

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 050 ****61.25

DOCUMENT # 746209 1. Entity Name WESTLANDIA CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 7001 SW 87 CT MIAMI FL 33173 US		Mailing Address P.O. BOX 126370 HIALEAH FL 33012 US	
2. Principal Place of Business - No P.O. Box # 18590 NW 67 Ave Suite, Apt. #, etc. 200 B		3. Mailing Address Suite, Apt. #, etc. City & State Miami FL	
City & State Miami FL		City & State 	
Zip 33015		Zip 	
Country 		Country 	
4. FEI Number 59-2169277		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RELIABLE PROPERTY MANAGEMENT SERVICES, INC 7001 SW 87 CT MIAMI FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18590 NW 67 Ave #200 B City Miami FL	
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  EDUARDO ROTUNDO (MANAGER) 1/31/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ZONSAJN, IRENE	NAME	
STREET ADDRESS	826 W 40TH DRIVE	STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33012	CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	INIGUEZ, ENRIQUE A	NAME	
STREET ADDRESS	831 W 41 ST	STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33012	CITY- ST- ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BANJO, ELIANA	NAME	
STREET ADDRESS	4047 W 8TH LN	STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33012	CITY- ST- ZIP	
TITLE	DISC. <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	URIVAZO, TERESA	NAME	S/D URIVAZO, TERESA
STREET ADDRESS	800 W 40 DR.	STREET ADDRESS	800 W 40th.
CITY- ST- ZIP	HIALEAH FL 33012	CITY- ST- ZIP	Hialeah, FL 33012
TITLE	SVF <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	TEJADA, MARIA	NAME	VPH TEJADA, MARIA
STREET ADDRESS	824 W 40TH DRIVE	STREET ADDRESS	824 W 40th Dr
CITY- ST- ZIP	HIALEAH FL 33012	CITY- ST- ZIP	Hialeah, FL 33012
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  ENRIQUE INIGUEZ 2/13/07 305-364-894, <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			