

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 746209

1. Entity Name
WESTLANDIA CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
**18590 NW 67 AVE.
200B
MIAMI, FL 33015 US**

Mailing Address
**P.O. BOX 126370
HIALEAH, FL 33012 US**



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**RELIABLE PROPERTY MANAGEMENT SERVICES, INC
1890 NW 6 AVE., #200B
MIAMI, FL 33015**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZONSAJN, IRENE
826 W 40TH DRIVE
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
INIGUEZ, ENRIQUE A
831 W 41 ST
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BANJO, ELIANA
4047 W 8TH LN
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
URIVAZO, TERESA
800 W 40 DR.
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
TEJADA, MARIA
824 W 40TH DRIVE
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000821154
02/19/08-80012-015 61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-364-8941