

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90017 029 \*\*\*\*61.25



**DOCUMENT # 753673**  
 1. Entity Name  
**THE WESTLAND CONDOMINIUM ASSOC., INC.**

Principal Place of Business: **C/O TPS MANAGEMENT, P.O. BOX 661554, MIAMI SPRINGS FL 33266**  
 Mailing Address: **C/O TPS MANAGEMENT, P.O. BOX 661554, MIAMI SPRINGS FL 33266**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

1st MOORE CR2E037 (10/07)

4. FEI Number: **59-2299731**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SKRLD, INC.**  
**201 ALHAMBRA CIRCLE, STE. 1102**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 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 is required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	
TITLE: <b>TD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>ALFARO, CARLOS</b> STREET ADDRESS: <b>1800 W 54TH STREET # 309</b> CITY-ST-ZIP: <b>HIALEAH FL 33012</b>
TITLE: <b>VD</b> <input type="checkbox"/> Delete	NAME: <b>HERNANDEZ, JUAN</b> STREET ADDRESS: <b>1800 W 54TH STREET # 315</b> CITY-ST-ZIP: <b>HIALEAH FL 33012</b>
TITLE: <b>PD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>GONZALEZ, LARITZA</b> STREET ADDRESS: <b>1800 W 54TH ST 409</b> CITY-ST-ZIP: <b>HIALEAH FL 33012</b>
TITLE: <b>SD</b> <input type="checkbox"/> Delete	NAME: <b>URDA, JOSE E</b> STREET ADDRESS: <b>1800 W. 54TH STREET #420</b> CITY-ST-ZIP: <b>HIALEAH FL 33012</b>
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP: 
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP: 

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>T/S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Betty Caicedo Perurena</b> STREET ADDRESS: <b>1800 W 54th Street #314</b> CITY-ST-ZIP: <b>Hialeah FL 33012</b>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP: 
TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Orestes Mesa</b> STREET ADDRESS: <b>1800 W 54th Street #302</b> CITY-ST-ZIP: <b>Hialeah FL 33012</b>
TITLE: <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP: 
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP: 
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: 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 information.

SIGNATURE: *Jose E Urda*

*President*  
**Jose E URDA 2/2/08**