2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 19, 2009 **DOCUMENT# 755238** Secretary of State

Entity Name: VIEW WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6801 NW 77 AVE 204 MIAMI, FL 33166

New Mailing Address: Current Mailing Address:

6801 NW 77 AVE MIAMI, FL 33166

FEI Number: 59-2238560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RENOVATIONS PROPERTY MANAGEMENT 6801 NW 77 AVE 204 MIAMI, FL 33166 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition VILLALONGA, JOSE BELZ, DOROTHEA Name: Name:

6801 NW 77 AVE #204 Address: 6801 NW 77 AVE #204 Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

Title: Title: () Delete () Change () Addition

DIAZ, PEDRO M Name: Name: Address: 6801 NW 77 AVE #204 Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

Title: () Delete Title: () Change () Addition

TERAN, JERSON Name: Name: 6801 NW 77 AVE #204 Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: GARCIA, JOAQUIN Name: 6801 NW 77 AVE #204 Address: Address: City-St-Zip: MIAMI, FL City-St-Zip:

Title: () Delete Title: () Change () Addition

NUNEZ, PABLO Name: Name: 6801 NW 77 AVE #204 Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

VILLALONGA, JOSE BELZ DOROTHEA Name: Name: Address: 6801 NW 77 AVE #204 Address: 6801 NW 77 AVE #204 MIAMI, FL 33166 MIAMI, FL 33166 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERSON TERAN Ρ 08/19/2009