2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 16, 2009
Secretary of State

DOCUMENT# 755238

Entity Name: VIEW WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6801 NW 77 AVE
204
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6801 NW 77 AVE
204
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-2238256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: VILLALONGA, JOSE
Address: 6801 NW 77 AVE #204
City-St-Zip: MIAMI, FL 33166

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

Title: P ( ) Delete
Name: TERAN, JERSON
Address: 6801 NW 77 AVE #204
City-St-Zip: MIAMI, FL 33166

Title: S ( ) Delete
Name: GARCIA, JOAQUIN
Address: 6801 NW 77 AVE #204
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: NUNEZ, PABLO
Address: 6801 NW 77 AVE #204
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: BELZ, DOROTHEA
Address: 6801 NW 77 AVE #204
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: TERAN, JERSON P 09/16/2009

Electronic Signature of Signing Officer or Director — Date