


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90024 027 \*\*\*\*61.25

<b>DOCUMENT # 761078</b>					
<b>1. Entity Name</b> WESTLAND PARK CONDOMINIUM ASSOCIATION, INC., # 4					
<b>Principal Place of Business</b> 1760 W. 60TH ST APT 4 HIALEAH, FL 33012			<b>Mailing Address</b> 1760 W. 60TH ST APT 4 HIALEAH, FL 33012		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01122008 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 59-2401327				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NAVARRO, LUIS 1760 W. 60TH ST APT 4 HIALEAH, FL 33012			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVARRO, LUIS		NAME		
STREET ADDRESS	1760 W. 60TH ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	SDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, FLAVIANO		NAME		
STREET ADDRESS	1760 W. 60TH ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALEANO, JOAQUIN		NAME		
STREET ADDRESS	1760 W. 60TH ST. UNIT 3		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	VDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTERO, JORGE		NAME		
STREET ADDRESS	1360W 60ST #2		STREET ADDRESS	*1760 W 60TH ST #2	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>LUIS J. NAVARRO</u>			01/15/06 305 826 2310		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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