

**2007 NOT-~~FOR~~-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 761078

1. Entity Name
WESTLAND PARK CONDOMINIUM ASSOCIATION, INC., #
4



Principal Place of Business

1760 W. 60TH ST
APT 4
HIALEAH, FL 33012

Mailing Address

1760 W. 60TH ST
APT 4
HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2401327

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, LUIS
1760 W. 60TH ST
APT 4
HIALEAH, FL 33012

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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, 2007**

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	PDT NAVARRO, LUIS 1760 W. 60TH ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT GONZALEZ, FLAVIANO 1760 W. 60TH ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALEANO, JOAQUIN 1760 W. 60TH ST. UNIT 3 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT MONTERO, JORGE 1760 W 60 TH ST #2 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80045-013 61.25

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IN THIS SPACE**

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:

LUIS J. NAVARRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/07
Date

305 8262310
Daytime Phone #