
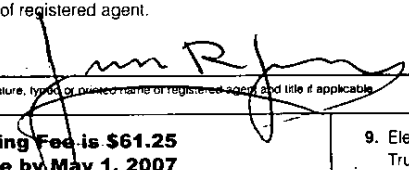
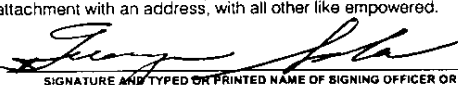


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90059 024 ****61.25

DOCUMENT # 767269 1. Entity Name WEST GARDENS VILLAGE CONDOMINIUM ASSOCIATION, IN					
Principal Place of Business 690 WEST PAK DRIVE APT 208 MIAMI, FL 33172 US			Mailing Address WEST GARDENS VILLAGE CONVO ASSOC 8357 WEST FLAGLER STREET, PMB 330 MIAMI, FL 33144 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 11936 SW 8 ST Suite, Apt. #, etc.			
City & State Zip Country		City & State MIAMI FL Zip Country 33184 US		4. FEI Number 59-2337465	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SABUCEDO, ALBERTO J PHD 690 WEST PARK DRIVE STE 208 MIAMI, FL 33172					
7. Name and Address of New Registered Agent Name JESUS R. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 11936 SW 8 ST City State Zip Code MIAMI FL 33184					
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/3/07					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SABUCEDO, ALBERTO J 690 WEST PARK DRIVE 208 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, ROSANNA 690 WEST PARK DRIVE 208 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLA, GEORGE 690 WEST PARK DRIVE 208 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, CARMEN 690 WEST PARK DRIVE 208 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIROZ, MELVIN 690 WEST PARK DRIVE STE 208 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 4-5-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					