

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002724

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: WESTEND @ 25TH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8726 NW 26 ST  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161077  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 90-0054620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADVAAX PROERTY MANAGEMENT  
2530 W 79 ST BAY 2  
HIALEAH, FL 33016 US

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

ADVANX PROPERTY MANAGEMENT  
2530 WEST 78 STREET BAY # 2  
HIALEAH, FL 33016 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: LLOELINE QUESADA

01/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RIVAS, ANDRES  
Address: 8726 NW 26 ST  
City-St-Zip: DORAL, FL 33178

Title: VD ( ) Delete  
Name: DEVARONA, CARLOS  
Address: 8726 NW 26 ST  
City-St-Zip: DORAL, FL 33178

Title: TSD ( ) Delete  
Name: FERNANDEZ, RAY  
Address: 8726 NW 26 ST  
City-St-Zip: DORAL, FL 33178

Title: D ( ) Delete  
Name: SANTIBANEZ, ANGEL  
Address: 8726 NW 26 ST  
City-St-Zip: DORAL, FL 33178

Title: D (X) Delete  
Name: POSADA, SERGIO  
Address: 8726 NW 26 ST  
City-St-Zip: MIAMI, FL 33178

**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: D (X) Change ( ) Addition  
Name: POSADA, SERGIO  
Address: 8726 NW 26 ST  
City-St-Zip: DORAL, FL 33178

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: ANDRES RIVAS

PD

01/31/2009

Electronic Signature of Signing Officer or Director

Date