FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01777 (4)

1. Corporation Name

WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
995 S.W. 84 AVENUE SUITE 100 MIAMI FL 33144	995 S.W. 84 AVENUE SUITE 100 MIAMI FL 33144

3. Date Incorporated or Qualified: 03/05/1984
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2483532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANZ, ANTONIO
9682 FONTAINEBLEAU BLVD.
SUITE 104
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: Dr. RAFAEL LA COMBA
82 Street Address (P.O. Box Number is Not Acceptable): 995 SW. 84th AVENUE # 310
83
84 City: MIAMI FL 85 Zip Code: 33144

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: R. R. Lacomba
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	CABADA JOSE		1.2 NAME	CARLOS PEREZ	
STREET ADDRESS	995 SW 84 AVE. APT. # 403		1.3 STREET ADDRESS	995 SW 84th AVENUE, #101	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE	VPD	☒ DELETE	2.1 TITLE	V.P.D.	☒ Change ☐ Addition
NAME	HARTMAN JOSE A.		2.2 NAME	RAFAEL LACOMBA	
STREET ADDRESS	995 SW 84TH AVENUE APT. # 307		2.3 STREET ADDRESS	995 SW 84th AVENUE, # 310	
CITY-ST-ZIP	MIAMI FL 33144		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE	TD	☒ DELETE	3.1 TITLE	T.D.	☒ Change ☐ Addition
NAME	ANIBAL CORDOVA		3.2 NAME	MARIA QUINTANA	
STREET ADDRESS	995 SW 84 AVE #116		3.3 STREET ADDRESS	995 S.W. 84 AVENUE, # 110	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE	SD	☒ DELETE	4.1 TITLE	S D	☒ Change ☐ Addition
NAME	CABRERA MARIE E.		4.2 NAME	SILVIA ~~CANTO~~ CANTO	
STREET ADDRESS	995 SW 84 AVE. APT. # 209		4.3 STREET ADDRESS	995 S.W. 84th AVENUE, # 104	
CITY-ST-ZIP	MIAMI FL 33144		4.4 CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	VSD	☒ DELETE	5.1 TITLE	V S D	☒ Change ☐ Addition
NAME	SED OLGA		5.2 NAME	Della GARATEIX	
STREET ADDRESS	995 S.W. 84 AVE. APT. # 210		5.3 STREET ADDRESS	995 S.W. 84th AVENUE, #228	
CITY-ST-ZIP	MIAMI FL 33144		5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE		☐ DELETE	6.1 TITLE	600001759806	☐ Change ☐ Addition
NAME			6.2 NAME	-03/27/96--01083--001	
STREET ADDRESS			6.3 STREET ADDRESS	***70.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. R. Lacomba — February 1, 1996 — (305) 266 5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #