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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33144-4185

3. Date Incorporated or Qualified: 03/05/1984
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
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

LACOMBA, RAFAEL DR
995 S.W. 84 AVENUE
SUITE 310
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: OLGA GUTIÉRREZ
82 Street Address (P.O. Box Number is Not Acceptable): 995 SW 84TH AVE # 314
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: X Olga Gutierrez — 2-20-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~PEREZ, CARLOS~~ 995 SW 84 AVE. APT. # ~~101~~ MIAMI FL 33144	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JOSE MARTINEZ 995 SW 84 AVE #318 MIAMI, FLA 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LACOMBA, RAFAEL 995 SW 84TH AVENUE APT. # 310 MIAMI FL 33144	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~RUINTANA, MARIA~~ 995 SW 84 AVE #110 MIAMI FL 33144	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD/JULIAN MORALES 995 S.W 84TH AVE #427 MIAMI FLA. 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CANTO, SILVIA 995 SW 84 AVE. APT. # 104 MIAMI FL 33144	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD/OLGA GUTIERREZ 995 SW 84TH AVE # ~~314~~ 413 MIAMI, FLA. 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VSD~~ GARATEIX, DELIA 995 S.W. 84 AVE. APT. # 228 MIAMI FL 33144	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/LOURDES LASTRES 995 SW 84TH AVE #227 MIAMI FLA 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D/~~OLGA~~ ~~GUTIERREZ~~ VIDAL GONZALEZ-POSADA 995 SW 84 AVE. #226 MIAMI FLA 33144	☒ Change ☒ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] JOSE MARTINEZ, Pres/Dir 1/11/97 (305)264
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR — Date — Daytime Phone Number