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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N01777

(4)

FILED									
Apr 09 1998 8:00am									
Secretary of State									

• Corporation	n Name	-	()							
WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC.										
										IIAN UJA 148
Principal Place of Business Mailing Address							indii isal dinii s	JUDIK GUBUL BIBIK I	DIRAN BARNIN 1881	
995 S.W. B4 AVENUE 995 S.W. B4 AVENUE							3. Date Incorporated or Quali	fied	· · · · · · · · · · · · · · · · · · ·	
SUITE 100 SUITE 100							03/05/1984	100		
MIAMI FL 33144 MIAMI FL 33144							4. FEI Number			Applied For
							59-2483532		1	Not Applicable
2. Principal Place of Business Za. Mailing Address							5. Certificate of Status Desire	d \square	\$8.75	Additional
Suite, Apt.	# 010	····	26 Suite, Apt. #, etc.							Regulred
22 Suite, Apr.	w, etc.		Suite, Api. #, etc.				 Election Campaign Financi Trust Fund Contribution 	ng 🗆		May Be to Fees
City & State	e		City & State				7. Is this nonprofit corporation			
23			26			Yes No				
Zip		Country	Zip	Country			8. This corporation owes or has paid the current year Intangible			
24		25	29	30	Personal Property Tax due					□ No
	9. Name	and Address of Curre	nt Registered Agent		T ::		10. Name and Address of Ne	w Registered	d Agent	
				61		Jar	nacio Rubiera			
	REZ, OLGA	<u>-</u>		82	Street	Addre	ss (P.O. Box Number is Not Acc	eptable)		
	. 84TH AVE	: ,		83		99:	S.W. 84th Aven	ue		
#314					1	#31	17	_		
MIAMI FL 33144				84	City	 A.S.		F	85 Zip	Code 144
11. Pursuant	to the provis	ions of Sections 617.05	02 and 617,1508, Florida Statut	les, the abov	/e-named	COTDO	ami, ration submits this statement for		of changing	its registered
office or t	egis ared ag	ept, or both, in the State	e of Florida, Such change was	authorized b	y the corp	ooratio	ration submits this statement for on's board of directors. I hereby a	accept the ar	pointment a	s registered
			Jations of, Section 017,0303,11	orda Statute			nacio Rubiera, Se			31/98
SIGNATURE	Should to do	r printed name of repistered ag	ant and title if applicable (NO)	E: Registered Ar	gent signature	required	d when reinstating)	DATE		31730
12.		OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO C	OFFICERS AN		
TITLE	PD /		DELETE	1.1 TITLE		PD			L Change	Addition
NAME		Z, JOSE		1.2 NAME			rtman, Jose			
STREET ADDRESS		. 84TH AVE., #318		1	T ADDRESS		S.W. 84th Aven	ue #307	7	
CITY-ST-ZIP TITLE	MIAMI FI	<u> </u>	DELETE	1.4 CITY- 2.1 TITLE			ami, FL 33144		☐ Change	Addition
NAME		E7 DOGADA V	X	2.1 TITLE 2.2 NAME		D			L. Criange	APT VOOLIGII
STREET ADDRESS	GONZALEZ, POSADA V 995 S.W. 84 AVE., #226				T ADDRESS	Canto, Silvia				
CITY-ST-ZIP		6 01 A D A D 201			-ST-ZIP	Mi	5 S.W. 84th Aven	ue #104	ŧ	
TITLE	TO		DELETE	3.1 TITLE		TD			Change	Addition
NAME	MORALE	S, JULIAN		3.2 NAME		Та	xonera, Manuela			
STREET ADDRESS	I	. 84TH AVE., #427		3.3 STREE	T ADDRESS		S.W. 84th Aven	ue #407	7	
CITY-ST-ZIP	MIAMI FI	L ,		3.4. CITY	-ST-ZIP		ami, FL 33144			
TITLE	SD		DELETE	4.1 TITLE		SD			☐ Change	Addition Addition
NAME		rez, olga		4.2 NAMI		Ru	biera, Ignacio			
STREET ADDRESS		. 84TH AVE., #413		4.3 STREE	T ADORESS		SmS, W. 84th Aven	ue #317	7	
CATY-ST-ZIP	MIAMI FI	<u> </u>	- December	4.4 CITY-			31111, FL 35144			A Alberta
TITLE	D		DELETE	5.1 TITLE		D	otnos loundos C		Change	Addition
NAME		S, LOURBES G.		5.2 NAME			stres, Lourdes G.		7	
STREET ADDRESS		. 84TH AVE., #227			T ADDRESS		S.W. 84th Aven	ue #22/	r	
CITY-ST-ZIP	MIAMI FI	• <u> </u>	DELETE	5.4 CITY - 6.1 TITLE		IVII	ami, FL 33144		Change	☐ Addition
TITLE NAME				6.2 NAME					Unango	Addition
STREET ADORESS					T ADDRESS					

64 CITY-ST-ZIP

14. I 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:

Lourdes C. Lastres. Director 03/31/98 (954) 760-5233

SIGNATURE: <

Lourdes G. Lastres, Director 03/31/98 (954)760-5232