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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01777

1. Corporation Name

WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

995 S.W. 84 AVENUE
SUITE 100
MIAMI FL 33144

Mailing Address

995 S.W. 84 AVENUE
SUITE 100
MIAMI FL 33144



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/05/1984

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

9. Name and Address of Current Registered Agent

RUBIERA, IGNACIO
995 SW 84TH AVE
SUITE 317
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
HARTMAN, JOSE
STREET ADDRESS 995 SW 84TH AVE, #307
CITY-ST-ZIP MIAMI FL 33144

TITLE ☒ DELETE

NAME D
CANTO, SILVIA
STREET ADDRESS 995 SW 84TH AVE, #104
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME TD
TAXONERA, MANUELA
STREET ADDRESS 995 SW 84TH AVE, #407
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME SD
RUBIERA, IGNACIO
STREET ADDRESS 995 SW 84TH AVE, #317
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME D
LASTRES, LOURDES G.
STREET ADDRESS 995 S.W. 84TH AVE., #227
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Cecilia Ruso
995 SW 84th Ave, #204
Miami, FL 33144

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, with all other like empowered.

SIGNATURE: Ignacio Rubiera, Secretary 01/21/99(305) 579-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)