2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State
02-09-2004 90019 013 ****61.25

DOCUMENT # N01777

1. Entity 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

01092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LASTRES, LOURDES 995 SW 84TH AVE STE 227 MIAMI, FL 33144	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CABERA, MARIA 995 SW 84TH AVE # 209 MIAMI, FL 33144	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Maria C. Gonzalez 995 S.W. 84 Ave. #106 Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Quintana ~~QUINTANA~~ MARIA 995 SW 84TH AVE #110 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD QUINTANA, Maria 995 SW 84 Ave Apt 110 Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEDEROS, MARIA 995 SW 84TH AVE #322 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lastres ~~LASTRE~~, LOURDES 995 SW 84 AVE APT 227 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASTRES, Lourdes 995 SW 84 Ave Apt 227 Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FERIA, JOSE 995 SW 84TH AVE #226 MIAMI, FL 33144	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Mayra Pereira 995 S.W. 84th Ave. #102 Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

Sign Here

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lourdes Director 02/02/04 (954) 760-5232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #