

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03093		
1. Entity Name THE VILLAS OF WESTLAND CONDOMINIUM, INC.		
Principal Place of Business 2412 W 52 TERRACE HIALEAH, FL 33016 US		Mailing Address 2412 W 52 TERRACE HIALEAH, FL 33016 US

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12192008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0052999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	
HUBERT, ALBISA 5252 W 24 AVE HIALEAH, FL 33016	

7. Name and Address of New Registered Agent	
Name	CLARA LLERA
Street Address (P.O. Box Number is Not Acceptable)	2409 W 52 PL.
City	HIALEAH
FL	33016

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.

800141894948
01/23/09--01054--002 **61.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBISA, HUBERT P.O. BOX 5831 HIALEAH, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CLARA LLERA 2409 W 52 PLACE HIALEAH, FL 33016 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CABRERA, FRANCES 2412 W 52 TERRACE HIALEAH, FL 33016 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President NAIVI DIAZ 2410 W 52 TERRACE HIALEAH, FL 33016 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELLO, VILMA 7655 NW 50 ST MIAMI, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary JULIO CHARRIS 5240 W 24 AVENUE HIALEAH, FL 33016 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VILLEGAS, CESAR 7655 NW 50 ST MIAMI, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary HUBERT ALBISA 5252 W 24 AVENUE HIALEAH, FL 33016 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DEL RIO, IRENE 7655 NW 50 ST MIAMI, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer OMAR CASTRO 2431 W 52 PLACE HIALEAH, FL 33016 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARY BETANCOURT 5250 W 24 AVENUE HIALEAH, FL 33016 ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BARBARA HINER 2411 W 52 PLACE HIALEAH, FL 33016 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Clara Llera / Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/09 305-456-7240
Date Daytime Phone #

12.1/27