2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90095 042 ****61.25

DOCUMENT # N03182

1. Entity Name

WESTLAND VILLAGE CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O L.M. QUALITY MANAGEMENT P.O. BOX 440915 MIAMI FL 33144	C/O L.M. QUALITY MANAGEMENT P.O. BOX 440915 MIAMI FL 33144

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
MANAGEMENT Spec 4 Hy INC 522333	
Suite, Apt. #, etc. 522 333	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State MIAMI FLORIDA
Zip 33152 Country DADE	Zip 33152 Country DADE

4. FEI Number 59-2762704 ☐ 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
NUNEZ, LUZMARY 402 MINORCA WAY CORAL GABLES FL 33134	Name NORMA GRACIANO Street Address (P.O. Box Number is Not Acceptable) 8625 NW 8th STREET APT #407 City MIAMI, FL. FL Zip Code 33126

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 NORMA GRACIANO - MANAGER - 02/16/06
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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 PINEDA, SILVIO 2367 W. 66 PL HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOLINA, HENRY 2347 W. 66 PL HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LORENZO, SAMUEL 2351 W. 66 PL HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Silvio Pineda - SILVIO PINEDA 02/16/2006 305-267-9339
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (OFFICER OR DIRECTOR)