

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90384 009 ****61.25



DOCUMENT # N03183	
1. Entity Name WESTLAND VILLAGE CONDOMINIUM IV ASSOCIATION, INC.	
Principal Place of Business 2313 W. 66 PLACE HIALEAH FL 33016	Mailing Address 2313 W. 66 PLACE HIALEAH FL 33016
2. Principal Place of Business - No P.O. Box # 2295 West 66 place	3. Mailing Address same
Suite, Apt. #, etc. # 301	Suite, Apt. #, etc.
City & State Hialeah Fla.	City & State
Zip 33016	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 65-1109437	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOLORZANO, MURTHA 2313 W. 66 PLACE HIALEAH FL 33016		7. Name and Address of New Registered Agent Name Olga Fernandez Street Address (P.O. Box Number is Not Acceptable) 2295 West 66 Place # 301 Hialeah FL 33016 City FL Zip Code 33016	
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)
DATE: **4/18/07**

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P SOLORZANO, MURTHA 2313 W. 66 PLACE, UNIT 210 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walter Pedroza 2299 W 66 PL #303 Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, OLGA N 2295 W. 66 PLACE, UNIT 301 HIALEAH FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEDROZA, FREDY 2315 W. 66 PLACE, UNIT 209 HIALEAH FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **4/18/07**