

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90016 027 ****61.25

DOCUMENT # N03183
 1. Entity Name
WESTLAND VILLAGE CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2295 WEST 66TH PLACE 2295 WEST 66TH PLACE
 SUITE 301 SUITE 301
 HIALEAH FL 33016 HIALEAH FL 33016



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 2299 WEST 66 PLACE 2299 WEST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 HIALEAH 66 PLACE

1st MOORE CR2E037 (10/07)

City & State City & State
 HIALEAH HIALEAH
 Zip Country Zip Country
 FL 33016 FL 33016 FL

4. FEI Number Applied For
 65-1109437 Not Applicable

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

6. Name and Address of Current Registered Agent
 FERNANDEZ, OLGA
 2295 WEST 66TH PLACE
 SUITE 301
 HIALEAH FL 33016

7. Name and Address of New Registered Agent
 Name: WALTER PEDROZA
 Street Address (P.O. Box Number is Not Applicable): 2299 WEST 66 PLACE
 City: HIALEAH FL FL Zip Code: 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.

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

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PEDROZA, WALTER	
STREET ADDRESS	2299 WEST 66TH PLACE SUITE 303	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERNANDEZ, OLGA N	
STREET ADDRESS	2295 W. 66 PLACE, UNIT 301	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEDROZA, FREDY	
STREET ADDRESS	2315 W. 66 PLACE, UNIT 209	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 officers empowered.

SIGNATURE: _____ DATE: 2/27/08 (305) 906-0637