


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

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90065 021 \*\*\*\*61.25

<b>DOCUMENT # N03184</b>	
1. Entity Name	
WESTLAND VILLAGE CONDOMINIUM V ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
8625 NW 8 ST. #413 MIAMI FL 33126	C/O MANAGEMENT SPECIALTY, INC. 8625 NW 8TH ST. #413 MIAMI FL 33126



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8625 NW 8 ST #407	P.O. Box 522333
Suite, Apt. #, etc. MIAMI, FL.	Suite, Apt. #, etc.
City & State 33126	City & State MIAMI, FL.
Zip	Country
33152	U.S.A

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-3454279	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Name and Address of Current Registered Agent	
MANAGEMENT SPECIALTY, INC. 8625 NW 8TH ST. #413 MIAMI FL 33126	
7. Name and Address of New Registered Agent	
Name: MANAGEMENT SPECIALTY INC.	
Street Address (P.O. Box Number is Not Acceptable): 8625 NW 8TH STREET #407	
City: MIAMI	Zip Code: FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIA E	NAME	CORRECTION
STREET ADDRESS	545 WEST 20TH AVE	STREET ADDRESS	5454 West 20th Ave
CITY ST ZIP	HIALEAH FL 33016	CITY ST ZIP	Hialeah, FL 33016
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, BARBARA	NAME	
STREET ADDRESS	5464 WEST 20TH AVE	STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33016	CITY ST ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYOU, MARIA E	NAME	MARIA E. REYNOL
STREET ADDRESS	5458 WEST 20TH AVE	STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33016	CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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 like empowered.

**SIGNATURE:**  MARIA E. RODRIGUEZ (President)