

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03184

FILED  
Jun 24, 2009  
Secretary of State

**Entity Name:** WESTLAND VILLAGE CONDOMINIUM V ASSOCIATION, INC.

**Current Principal Place of Business:**

8625 NW 8 ST.  
407  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MANAGEMENT SPECIALTY, INC.  
PO BOX 522333  
MIAMI, FL 33152

**New Mailing Address:**

**FEI Number:** 59-3454279      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MANAGEMENT SPECIALTY, INC.  
8625 NW 8TH ST.  
407  
MIAMI, FL 33126 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RODRIGUEZ, MARIA E  
Address: 5454 WEST 20TH AVE  
City-St-Zip: HIALEAH, FL 33016

Title: VD ( ) Delete  
Name: MORALES, BARBARA  
Address: 5464 WEST 20TH AVE  
City-St-Zip: HIALEAH, FL 33016

Title: TD ( ) Delete  
Name: REYNOL, MARIA E  
Address: 5458 WEST 20TH AVE  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MORALES, BARBARA  
Address: 5464 WEST 20TH AVE  
City-St-Zip: HIALEAH, FL 33016

Title: VD (X) Change ( ) Addition  
Name: REYNOL, MARIA E  
Address: 5458 WEST 20TH AVE  
City-St-Zip: HIALEAH, FL 33016

Title: TD (X) Change ( ) Addition  
Name: MORALES, JULIO  
Address: 5464 WEST 20TH AVE  
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MORALES

PD

06/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date