


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90055 001 ***150.00

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1. Entity Name
WEST BUENA VISTA CONDOMINIUM ASSOCIATION, INC.



40029400



Principal Place of Business
 P.O. BOX 110983
 HIALEAH, FL 33011-0983 US

Mailing Address
 P.O. BOX 110983
 HIALEAH, FL 33011-0983 US

2. Principal Place of Business - No P.O. Box #
861 SE 8th Ct

3. Mailing Address
861 SE 8th Ct

Suite, Apt. #, etc.
STE 1

Suite, Apt. #, etc.
STE 1

02272007 Chg-NP CR2E037 (12/06)

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip
33010

Country

Zip
33010

Country

4. FEI Number
APPLIED FOR 20-4941962

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SALAS, JORGE L
9155 NW 36 AVENUE
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	LUGO, PABLO R	
STREET ADDRESS	4759 SW 7 STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, YBANIS	
STREET ADDRESS	4759 SW 7 STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MODESTA	
STREET ADDRESS	4759 SW 7 STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, OLGA	
STREET ADDRESS	4759 SW 7 STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR