## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008939

FILED Mar 23, 2009 Secretary of State

Entity Name: WESTBIRD VILLAGE CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O FIDELITY PROPERTY 3581 SW 117 AVE 1722 SW 84 CT MIAMI, FL 33175 MIAMI, FL 331515 **Current Mailing Address: New Mailing Address:** C/O FIDELITY PROPERTY C/O FIDELITY PROPERTY 1722 SW 84 CT 1722 SW 84 CT MIAMI, FL 331515 MIAMI, FL 33155 FEI Number: 20-3658135 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORALES, ANICIA MORALES, ANICIA MRS 1722 SW 84 CT 1722 SW 84 CT MIAMI, FL 33155 US US MIAMI, FL 33155 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: ANICIA MORALES 03/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete CAMINERO, ALICIA Name: Name: 1722 SW 84 CT Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: DVP () Delete Title: DVP (X) Change ( ) Addition OBED, AMADO Name: OBED, AMADO MR Name: Address: 1722 SW 84 CT. Address: 1722 SW 84 CT. City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 Title: () Delete Title: () Change () Addition EBERHAND, FRANCIS Name: Name: 1722 SW 84 CT Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: ESPINOSA, LISETTE Name: Address: 1722 SW 84 CT. Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: DD () Delete Title: DD (X) Change ( ) Addition MILIAN, MARLENA MARASIGAN, MARILYN Name: Name: 1722 SW 84 CT 1722 SW 84 CT Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155

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: ALICIA CAMINERO DP 03/23/2009