

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

02-24-2003 90162 016 ****61.25

DOCUMENT # N05047



1. Entity Name
WESTLAND PARK CONDOMINIUM ASSOCIATION, INC. #8

Principal Place of Business
**1700 WEST 60TH ST.
#1
HIALEAH FL 33012-6810**

Mailing Address
**1700 WEST 60TH ST.
#1
HIALEAH FL 33012-6810**

00011100



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-2759628**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOREIRA, CARLOS
1700 W. 60TH ST.
#1
HIALEAH FL 33012

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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	FIGUEREDO, DALIA	
STREET ADDRESS	1700 WEST 60TH ST., APT 4	
CITY-ST-ZIP	HIALEAH FL 33012-6810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONZON, LUIS	
STREET ADDRESS	1700 WEST 60TH ST., APT 3	
CITY-ST-ZIP	HIALEAH FL 33012-6810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOREIRA, CARLOS M	
STREET ADDRESS	1700 W. 60 ST. APT. #1	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELIZ, EDUARDO	
STREET ADDRESS	1700 WEST 60TH ST. APT. 2	
CITY-ST-ZIP	HIALEAH FL 33012-6810	
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	
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 exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED 3-4-03**

Dalia Figueredo
Date Daytime Phone #

CR2E037 (10/02)