


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N06000002798 1. Entity Name WESTLAND PARK CONDOMINIUM ASSOCIATION, INC., #1	
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Principal Place of Business 2011 W 62 ST HIALEAH, FL 33016	Mailing Address C/O AMERICAN MANAGEMENT 2011 W 62ND STREET HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8687160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN MANAGEMENT AND REALTY, INC. 2011 W 62 ST HIALEAH, FL 33016
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOLA, SONIA 1790 W 60 ST #5 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORAN, WILFREDO 1790 W 60 ST #5 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GONZALEZ, VANESSA 1790 W 60 ST #5 HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/08-80079-023 61.25

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:  **3/27/08** **305-558-9820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #