

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

DOCUMENT # N06572

1. Entity Name
**WESTLAND VALLEY CONDOMINIUM, A
CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: 1672 W. 58TH ST. HIALEAH, FL 33012
Mailing Address: 1672 W. 58TH ST. HIALEAH, FL 33012

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



FILED
04 MAR 22 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number: **59-2738953** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**GONZALEZ, F. EVALDO
1672 W 58TH ST
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): **400032191734**
04/08/04--01015--003 **\$1.25
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: _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: GONZALEZ, EVALDO STREET ADDRESS: 1672 W. 58TH ST. CITY-ST-ZIP: HIALEAH, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: RODRIGUEZ, JOSE M. STREET ADDRESS: 1660 W. 58TH ST. CITY-ST-ZIP: HIALEAH, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: PARDILLO, ESTELA STREET ADDRESS: 1668 W. 58TH ST. CITY-ST-ZIP: HIALEAH, FL	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: PINERO, MARIO STREET ADDRESS: 1668 W 58 ST CITY-ST-ZIP: HIALEAH FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: RODRIGUEZ, JOSE STREET ADDRESS: 1664 W. 58TH ST. CITY-ST-ZIP: HIALEAH, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Evaldo Gonzalez 3/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #
EVALDO GONZALEZ - PRESIDENT

CR2E037 (10/02)