## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N06572

Entity Name

WESTLAND VALLEY CONDOMINIUM, A CONDOMINIUM ASSOCIATION, INC.



FILED Mar 27, 2006 08:00 AM Secretary of State

Principal Place of Business

1672 W. 58TH ST. HIALEAH, FL 33012 Mailing Address 1672 W. 58TH ST. HIALEAH, FL 33012



## DO NOT WRITE IN THIS SPACE

03222006 No Chg-NP GR2E037 (11/05)

4. FEI Number 59-2738953

Applied For Not Applicab

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

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	named entity submits this statement for the tions of registered agent.	s purpose of changing its regis	tered office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE Signature, typed or printed name of required agent and title diapplicable (NOTE:			OTE Registered Agent signature required when reinstating)		CATE	
	Filling Fee is \$61.25 Due by May 1, 2006	Election Campaign Fit     Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIF	ECTORS	T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, EVALDO 1672 W. 58TH ST. HIALEAH, FL			U00000482078		
title Hame Sireei Address City-St-Tip	SO RODRIGUEZ, JOSE M. 1660 W. 58TH ST. HIALEAH, FL	<del>.</del>	-	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP	VPD PINERO, MARIO 1668 W. 58TH ST. HIALEAH, FL 33012					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, JOSE 1664 W. 58TH ST. HIALEAH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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: >

C/1Y-\$1-71P

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER &

3-20-06

Daytime Phone #