

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

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**



03302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
GONZALEZ, EVALDO
1672 W. 58TH ST.
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
RODRIGUEZ, JOSE M.
1660 W. 58TH ST.
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
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
CITY- ST- ZIP

U000000692038
04/13/07-80035-019 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4-02-07

Date

Daytime Phone #