


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06929 1. Entity Name WEST VIEW LAKE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business WEST VIEW LK THOMES CONDO ASSOC 5302-5368 W 26 AVE HIALEAH, FL 33016 US			Mailing Address AMERICA F&H MANAGEMENT 2011 WEST 62 STREET HIALEAH, FL 33016 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address American Management + Realty Suite, Apt. #, etc.		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 05 NOV 30 AM 4: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
City & State		City & State		4. FEI Number 65-0210512	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICA F&H MANAGEMENT HENRY HERNANDEZ 2011 WEST 62 STREET HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name American Management + Realty, Inc Street Address (P.O. Box Number is Not Acceptable) 2011 West 62 Street City Hialeah FL 33016	
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 <u><i>Caridad Garcia</i></u> Caridad Garcia, Director 11/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PRIETO, JOSE 5338 WEST 26 AVENUE HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Luis A. Garcia 5360 West 26 Ave Hialeah FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYA, ANGEL 5350 W 26 AVE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061758006 11/29/05--01060--001 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, SEBASTIAN E 5324 WEST 26 AVENUE HIALEAH, FL 33016 <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		
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: <u><i>Caridad Garcia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11-12-05 305-300-8952 <small>Date Daytime Phone #</small>	