

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90006 016 ****61.25

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
**AMERICAN MANAGEMENT & REALTY
2011 WEST 62 STREET
HIALEAH, FL 33016 US**

20006654



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0210512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERICAN MANAGEMENT & REALTY, INC
2011 WEST 62 STREET
HIALEAH, FL 33016**

**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 _____
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, 2006**

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	P LUIS, GARCIA A 5360 WEST 26 AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PAYA, ANGEL 5350 W 26 AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PEREZ, SEBASTIAN E 5324 WEST 26 AVENUE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 Date Daytime Phone #