2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# N10290

Entity Name: WESTLAND VILLAGE CONDOMINIUM VI ASSOCIATION, INC.

Current Principal Place of Business:

MANAGEMENT SPECIALITY
522333
MIAMI, FL 33152

New Principal Place of Business:

Current Mailing Address:

522333
MIAMI, FL 33152

New Mailing Address:

FEI Number: 65-0038363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANAGEMENT SPECIALTY, INC
8625 8TH ST
APT 407
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NESBSKA, MAREZIA
Address: 2396 WEST 66 PLACE
City-St-Zip: HIALEAH, FL 33016

Title: VPD ( ) Delete
Name: DRESTES, LUIS
Address: 2384 WEST 66 PLACE
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete
Name: MAURO, BIANCA D
Address: 2390 WEST 66 PLACE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NINOSKA, MAYRENA
Address: 2396 WEST 66 PLACE
City-St-Zip: HIALEAH, FL 33016

Title: VPD (X) Change ( ) Addition
Name: ORESTES, LUIS
Address: 2384 WEST 66 PLACE
City-St-Zip: HIALEAH, FL 33016

Title: SD (X) Change ( ) Addition
Name: MAURO, BLANCA D
Address: 2390 WEST 66 PLACE
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NINOSKA MAYRENA PD 06/24/2009

Electronic Signature of Signing Officer or Director — Date