2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

Sep 09, 2005 8:00 am Secretary of State DOCUMENT # N11515 05-24-2005 90121 018 ****61.25 1. Entity Name WESTLAND PARK CONDOMINIUM ASSOCIATION, INC., #10 Principal Place of Business Mailing Address 1680 WEST 60TH STREET 1680 WEST 60TH STREET HIALEAH FL 33012-6818 HIALEAH FL 33012-6818 2. Principal Place of Business 3. Mailing Address 60 SA 680 W 16**8**0 W Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) Abot Abt. 3 City & State 4. FEI Number Applied For ialou 65-0200034 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 33012 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LORENTE, MAYO Street Address (P.O. Box Number is Not Acceptable) 1680 WEST 60TH STREET UNIT 2 HIALEAH FL 33012 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 tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By September 7, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. LORENTE, MAYO Change TITLE ☐ Delete TITLE ☐ Addition Martí, Dunia. M 1680 WEST 60TH STREET #2 NAME NAME 1680W 60S+ APT3 HIALEAH FL 33012 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LORENTE, BERTHA TITLE ☐ Delete TITLE Change ☐ Addition MADZE 1680 WEST 60TH STREET #2 NAME HIALEAH FL 33012 STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-76 Defete TITLE ☐ Change THI F PORTILLA, MIRTA Addition 1680 WEST 60TH STREET #1 NAME NAME STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT1 F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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