




**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N12984 1. Entity Name SECOND WEST LAKE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5416 WEST 21ST AVE HIALEAH, FL 33016 US		Mailing Address P O BOX 22671 HIALEAH, FL 33012 US	
DO NOT WRITE IN THIS SPACE			
		04302007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2794067	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BENCOSME, RAFAEL E 5416 WEST 21ST AVE 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000757631 05/23/07-80079-007 61.25	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENCOSME, RAFAEL E 5416 WEST 21ST AVE HIALEAH, FL 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT SORDELLINE, MIREYA 2071 WEST 54 TERRACE HIALEAH, FL 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATRES, URIEL 5409 WEST 20 LN HIALEAH, FL 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  RAFAEL E. BENCOSME		Date 4/26/07	Daytime Phone # 305-824-1030