

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.	
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Principal Place of Business 5416 WEST 21ST AVE HIALEAH, FL 33016 US	Mailing Address P O BOX 22671 HIALEAH, FL 33012 US
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2794067	Applied For 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

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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 \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000757631
 05/23/07-80079-007 61.25

10. OFFICERS AND DIRECTORS	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 4/26/07 305-824-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #