2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2007 8:00 am Secretary of State

03-22-2007 90002 020 ****61.25

DOCUMENT # N14288

1. Entity Name
WESTLAND PARK CONDOMINIUM ASSOCIATION, INC., #11



					200 P. I		4003945	Y		
Principal Plac 1660 WEST (HIALEAH, FL		2011 W	ERICAN MGMT &	REALTY	Y, INC				II. 2110 AJEN 211	11(0) (1) 10
2. Principal P	Place of Business - No P.O. Box #	3. Mailing	Address							
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			0306200	7 Chg-NP	CR2E0	37 (12/06)	
City & State	е	City &	State			4. FEI Nun 65-00	nber 058520		<u> </u>	plied For
Zip	Country	Zip		Cou	intry	5. Certifica	ate of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Currer	t Registered A	\gent			7. Name a	nd Address of New	Registered	Agent	
l 					Name					
	N MGMT & REALTY, INC ST 62 STREET FL 33016				Street Ad	dress (P.O. Box Nun	nber is Not Acceptab	ole)		
,					City			FL	Zip Cod	9
	·		_		<u> </u>				<u> </u>	
8. The above the obligat	named entity submits this statement lions of registered agent.	for the purpose	of changing its i	registere	ed office or r	registered agent, or	both, in the State of F	Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicab	ble. (NOTE:	: Registered	d Agent signature	e required when reinstating)		DATE		
 -	•									
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Cam Trust Fund Cam			Solution \$5.00 Ma Added to Fe	y Be es Flo		k payable to rtment of Si	
10.	OFFICERS AND D	RECTORS	-	11.		ADDITIONS/0	CHANGES TO OFFIC	ERS AND DI	RECTORS IN	10
TITLE	PD		☐ Delete	TITLE		rosdent			Change	☐ Addition
NAME	CORNAVACA, RAMON			NAM			Ramas	1-	44	
STREET ADDRESS				NAM						
	1660 W 60TH STREET, #5				ET ADORESS	plac N.	U. 3 stre			
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	HIALEAH, FL 33012		Dolete	STRE CITY-	-ST-ZIP	pemoroke.	U. 3 stre Pines fc	330		
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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

RANCH CORNAVACA URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-07 Date

(305) 55**8** 9820