2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # N23505

1. Entity Name
WESTLAND PARK TOWNHOMES ASSOCIATION, INC.

FILED
05 JUN -2 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4445 W 26 AVENUE STE. 308 HIALEAH, FL 33012	4445 WEST 26 AVE STE 308 HIALEAH, FL 33012 US

01212005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
5383 W 22 Ct	4445 West 16 Ave 308
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL 33016	City & State: HIALEAH, FL. 33012
Zip / Country: DADE	Zip / Country: DADE

4. FEI Number: 65-0013567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UCAN, JORGE 5383 W 22 CT . HIALEAH, FL 33016	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Jorge A. Ucan 5-24-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50 — **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUJICA, OSCAR F 5413 W 22 CT HIALEAH, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD UCAN, JORGE 5383 W 22 Ct HIALEAH, FL. 33016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD UCAN, JORGE 5383 W 22 CT HIALEAH, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MALTEZ, MARTHA 5419 W 22 Ct HIALEAH, FL. 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MELO, FELICIANO 5415 WEST 22 CT HIALEAH, FL 33016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOMINGUEZ, ARIEL 5417 W 22 Ct HIALEAH, FL. 33016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MUJICA, FELIX OSCAR 5413 W 22 Ct HIALEAH, FL. 33016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400055976424 06/09/05--01049--010 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: Jorge A. Ucan 5-24-05 (305) 823-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #