

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

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90093 029 \*\*\*\*61.25

**DOCUMENT # N23777**  
 1. Entity Name  
**FIRST WEST LAKE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**5361 W. 20TH COURT HIALEAH FL 33016**      **5361 W. 20TH COURT HIALEAH FL 33016**



2. Principal Place of Business 3. Mailing Address  
**5361 W 20TH COURT**      **5361 W 20TH COURT**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State  
**HIALEAH FLA**      **HIALEAH FLA**

4. FEI Number **65-0221221** Applied For Not Applicable

Zip Country Zip Country  
**33016 DADE**      **33016 DADE**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BENNETT, MARIA**  
**5361 W. 20TH COURT**  
**HIALEAH FL 33016**

7. Name and Address of New Registered Agent  
 Name **FIRST WEST LAKE CONDOM A. I.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5361 W 20TH COURT**  
 City **HIALEAH** FL Zip Code **33016**

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]* DATE **4/26/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, MARIA ROSA	
STREET ADDRESS	5361 W 20 COURT	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	GORDILLO, ENRIQUE	
STREET ADDRESS	5391 W 20TH CT.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	T	<input type="checkbox"/> Delete
NAME	VELOZ, ENINELDO	
STREET ADDRESS	2040 W 53RD PL	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ONELIO	
STREET ADDRESS	5351 W 20TH CRT	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ELIO	
STREET ADDRESS	5399 W 20TH CRT	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALZA, LUIS	
STREET ADDRESS	5352 W 20TH CRT	
CITY-ST-ZIP	HIALEAH FL 33016	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDILLO ENRIQUE	
STREET ADDRESS	5391 W 20TH CT	
CITY-ST-ZIP	HIALEH FLA 33016	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ ONELIO	
STREET ADDRESS	5351 W 20TH CT	
CITY-ST-ZIP	HIALEAH FLA 33016	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NODARSE CARLOS E	
STREET ADDRESS	5352 W 20TH CT	
CITY-ST-ZIP	HIALEAH FLA 33016	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELOZ ERINELDO	
STREET ADDRESS	2040 W 53RD PL	
CITY-ST-ZIP	HIALEAH FLA 33016	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ ELIO	
STREET ADDRESS	5399 W 20TH CT	
CITY-ST-ZIP	HIALEAH FLA 33016	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS PINEIRO	
STREET ADDRESS	2074 W 54 ST	
CITY-ST-ZIP	HIALEAH FLA 33016	(SEE ATTCHES PAG 2)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* DATE: **4/26/06** **305-3607937**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N23777**  
 1. Entity Name  
**FIRST WEST LAKE CONDOMINIUM ASSOCIATION, INC.**



ATTACHMENT  
60037472

Principal Place of Business      Mailing Address  
 5361 W. 20TH COURT      5361 W. 20TH COURT  
 HIALEAH FL 33016      HIALEAH FL 33016

2. Principal Place of Business      3. Mailing Address  
 5361 W 20TH COURT      5361 W 20TH COURT  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 HIALEAH FLA      HIALEAH FLA  
 Zip      Zip      Country      Country  
 33016      33016      DADE      DADE

4. FEI Number      Applied For  
 65-0221221      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BENNETT, MARIA  
 5361 W. 20TH COURT  
 HIALEAH FL 33016

7. Name and Address of New Registered Agent  
 Name      FIRST WEST LAKE CONDOM A. I.  
 Street Address (P.O. Box Number is Not Acceptable)  
 5361 W 20TH COURT  
 City      HIALEAH      FL      Zip Code      33016

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]*      DATE: 4/26/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BENNETT, MARIA ROSA <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5361 W 20 COURT
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	V <input type="checkbox"/> Delete
NAME	GORDILLO, ENRIQUE
STREET ADDRESS	5391 W 20TH CT.
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	T <input type="checkbox"/> Delete
NAME	VELOZ, ENINELDO
STREET ADDRESS	2040 W 53RD PL
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	D <input type="checkbox"/> Delete
NAME	HERNANDEZ, ONELIO
STREET ADDRESS	5351 W 20TH CRT
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	D <input type="checkbox"/> Delete
NAME	FERNANDEZ, ELIO
STREET ADDRESS	5399 W 20TH CRT
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	D <input type="checkbox"/> Delete
NAME	ALZA, LUIS
STREET ADDRESS	5352 W 20TH CRT
CITY-ST-ZIP	HIALEAH FL 33016

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM MAIRENA
STREET ADDRESS	2062 W 54TH ST
CITY-ST-ZIP	HIALEAH FLA 33016
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 titles empowered.

SIGNATURE: *[Signature]*      DATE: 4/26/06      DAYTIME PHONE #: 305-3687987