

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90017 015 \*\*\*\*61.25



**DOCUMENT # N23777**

1. Entity Name

FIRST WEST LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5361 W 20TH CRT  
 HIALEAH FL 33016

5361 W 20TH CRT  
 HIALEAH FL 33016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5361 W 20TH Court

5361 W 20TH CRT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

Hialeah FL

Hialeah FL

Zip

Country

Zip

Country

33016 Date

33016 Date

4. FEI Number

65-0221221

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

FIRST WEST LAKE CONDOM A.I.  
 5361 W 20TH CRT  
 HIALEAH FL 33016

Name: First West Lake Condo Ass Inc  
 Street Address (P.O. Box Number is Not Acceptable): 5361 W 20 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: GORDILLA, ENRIQUE STREET ADDRESS: 5391 W 20TH CT CITY-ST-ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete	TITLE: P NAME: William MAIRENA STREET ADDRESS: 2062 W 54 Street CITY-ST-ZIP: Hialeah FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HERNANDEZ, ONELIO STREET ADDRESS: 5351 W 20TH CT CITY-ST-ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete	TITLE: VP NAME: ONELIO HERNANDEZ STREET ADDRESS: 5351 W 20 TH Court CITY-ST-ZIP: Hialeah FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: NODARSE, CARLOS E STREET ADDRESS: 5352 W 20TH CT CITY-ST-ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete	TITLE: T NAME: MARTIN GONZALEZ STREET ADDRESS: 5346 W 20 LANE CITY-ST-ZIP: Hialeah FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: VELOZ, ERINELDO STREET ADDRESS: 2040 W 53RD PL CITY-ST-ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete	TITLE: D NAME: OSVALDO ESTEVEZ STREET ADDRESS: 5364 W 20 LANE CITY-ST-ZIP: Hialeah FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FERNANDEZ, ELIO STREET ADDRESS: 5399 W 20TH CT CITY-ST-ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete	TITLE: D NAME: ELIAS PINEIRO STREET ADDRESS: 2074 W 54 ST CITY-ST-ZIP: Hialeah FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: PINEIRO, ELIAS STREET ADDRESS: 2074 W 54 ST CITY-ST-ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: May-7-07 X 786 656 1484  
 786 656 1484