


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90063 001 ****66.25

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



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5361 W 20th Ct *5361 W 20th Ct*
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
Hialeah Florida *Hialeah Florida*
Zip Country Zip Country
33016 *Fla* *33016* *Fla*

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

7. Name and Address of New Registered Agent
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 *[Signature]* DATE *JUL. 12. 2008*
Signature, typed or printed name of registered agent and title (duplicate) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 type="checkbox"/> Delete
NAME	MAIRENA, WILLIAM	
STREET ADDRESS	2062 W 54 ST.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ONELIO	
STREET ADDRESS	5351 W 20TH CT	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	T	<input type="checkbox"/> Delete
NAME	GADZALEZ, MARTIN	
STREET ADDRESS	5352 W 20TH CT	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELOZ, ERINELDO	
STREET ADDRESS	2040 W 53RD PL	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ELIO	
STREET ADDRESS	5399 W 20TH CT	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINEIRO, ELIAS	
STREET ADDRESS	2074 W 54 ST	
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	ENRIQUE GORDILLO	
STREET ADDRESS	5391 W 20th Ct	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERINELDO VELOZ	
STREET ADDRESS	2040 W 53RD PL.	
CITY-ST-ZIP	HIALEAH FLA 33016	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONELIO HERNANDEZ	
STREET ADDRESS	5351 W 20th Ct	
CITY-ST-ZIP	HIALEAH FL 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 like empowered.

SIGNATURE: *[Signature]* DATE: *JUL. 12. 2008*