


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90066 037 ****61.25

DOCUMENT # N26329

1. Entity Name
WEST VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



40032150

Principal Place of Business
**2400 WEST 54TH PLACE
 HIALEAH, FL 33016**

Mailing Address
**2400 WEST 54TH PLACE
 HIALEAH, FL 33016**



2. Principal Place of Business - No P.O. Box #
2424 West 54th Place

3. Mailing Address
2424 West 54th Place

Suite, Apt. #, etc.

02162008 Chg-NP CR2E037 (12/06)

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip
33016

Country
USA

Country
USA

4. FEI Number
65-0486969

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, DAVID
 2400 WEST 54TH PLACE
 HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name **Porfirio Alvarez**

Street Address (P.O. Box Number is Not Acceptable)
2420 West 54th Place

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 *Porfirio Alvarez* DATE 02-19-08

Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, DAVID 2400 WEST 54TH PLACE HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDILLO, HENRY 2405 WEST 54TH PLACE HIALEAH, FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, PORFIRIO 2420 WEST 54TH PLACE HIALEAH, FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARQUEZ, ISMAEL 2424 WEST 54TH PLACE HIALEAH, FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gardillo, Henry 2405 West 54th Place Hialeah, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alvarez, Porfirio 2420 West 54th Place Hialeah, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Chapter 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: *Porfirio Alvarez* DATE 02-19-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #