

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43895

FILED
May 05, 2009
Secretary of State

Entity Name: WEST PALM GARDENS VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2200 NW 102 AVE
5
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

2200 NW 102 AVE
5
DORAL, FL 33172

New Mailing Address:

FEI Number: 65-0293761 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARIAS, ALEX
2200 NW 102 NE
SUITE # 5
DORAL, FL 33172 US

Name and Address of New Registered Agent:

SILVIO, HERNANDEZ
2200 NW 102 NE
SUITE # 5
DORAL, FL 33172 US

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.

SIGNATURE: SILVIO HERNANDEZ

05/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AVILA, BERTHA D
Address: 2367 W 69 ST #1
City-St-Zip: HIALEAH, FL 33016

Title: DT () Delete
Name: ALVAREZ, PEDRO
Address: 2205 W. 69 ST., #1
City-St-Zip: HIALEAH, FL 33016

Title: S () Delete
Name: MARAGE, A
Address: 2343 W 69 ST #2
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: DEL VALLE, JULIA
Address: 2275 W 69 ST., #1
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: ALVAREZ, FRANCISCO
Address: 2389-A W 69 ST
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTHA AVILA

PD

05/05/2009

Electronic Signature of Signing Officer or Director

Date