2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2004 8:00 am Secretary of State

03-31-2004 90012 006 ****61.25

ואמח	IMENT	# N94000001352

1. Entity Name

WESTGATE MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 16701 COLLINS AVE. MIAMI BEACH, FL 33160 Mailing Address

3850 HOLLYWOOD BLVD

SUITE 400

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2. Principal Place of Business 3. I		3. Mailir	3. Mailing Address									
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			03152004	Chg-NI	•	CR2E0	37 (10/03)		
City & State	•	City	City & State				4. FEI Number 65-0490				<u> </u>	plied For Applicable
Zip	Country Zip C			Cou	ntry		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered	I Agent				7. Name and	Address	of New R	egistered	Agent	
					Name							
CORNFELD, ROBERT M 3850 HOLLYWOOD BLVD., STE 400 HOLLYWOOD, FL 33021				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, typed or printed name of registered agent	and title if applic	cable. (NOTE: R	legistered	f Agent signati	ure required	when reinstating)			DATE		
	Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Camp Trust Fund Cor				\$5.00 May Be Added to Fees	3			k payable to	
10.	OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHA	NGES TO	OFFICE	RS AND D	IRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAM, MARTHA 16701 COLLINS AVE. MIAMI BEACH, FL 33160		☐ Delete				-		7-1		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEVALUSCK, RAQUEL V 16701 COLLINS AVE. MIAMI BEACH, FL 33160		☐ Delete	TITLE NAM! STRE	:						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROCHKIND, MARCIE 16701 COLLINS AVE. MIAMI BEACH, FL 33160		Delete			ST Ra 16	b 14 Ny hu 701 Coll ami Bea	is ins f ch F	Ave 1 33	3160	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _

Martha Sam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 (954) 989-2200 Daytime Phone #

Martha Sam