

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90284 004 \*\*\*\*61.25

**DOCUMENT # N94000001352**



1. Entity Name  
**WESTGATE MIAMI BEACH CONDOMINIUM ASSOCIATION, IN  
C.**

Principal Place of Business  
**16701 COLLINS AVE  
MIAMI BEACH FL 33160**

Mailing Address  
**3850 HOLLYWOOD BLVD  
SUITE 400  
HOLLYWOOD FL 33021  
US**

**55040608**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0490691**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORNFELD, ROBERT M  
3850 HOLLYWOOD BLVD., STE 400  
HOLLYWOOD FL 33021**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **DP** ☒ Delete  
NAME **CORNFELD, ROBERT M**  
STREET ADDRESS **3850 HOLLYWOOD BLVD., SUITE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Delete  
NAME **SHEPHERD, JOHN**  
STREET ADDRESS **16701 COLLINS AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE **VPST** ☒ Delete  
NAME **CORNFELD, JEFFREY D**  
STREET ADDRESS **3850 HOLLYWOOD BLVD., SUITE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Delete  
NAME **SIEGEL, DAVID**  
STREET ADDRESS **5601 WINDHOVER DR.**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **PD Martha Sam**  
STREET ADDRESS **16701 Collins Ave**  
CITY-ST-ZIP **Miami Beach, FL**

TITLE ☐ Change ☒ Addition  
NAME **VPD Raquel Vescio De Valusek**  
STREET ADDRESS **16701 Collins Ave**  
CITY-ST-ZIP **Miami Beach FL**

TITLE ☐ Change ☒ Addition  
NAME **STD Marcie Rockkind**  
STREET ADDRESS **16701 Collins Ave**  
CITY-ST-ZIP **Miami Beach FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**REQUIRED**  
**Martha Sam**

4/18/03

(954) 989-2200

Date

Daytime Phone #

CR2037 (10/02)