

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004923 (8)

1. Corporation Name

WEST MIAMI HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

6346 S.W. 10TH STREET  
WEST MIAMI FL 33144

Mailing Address

6346 S.W. 10TH STREET  
WEST MIAMI FL 33144

3. Date Incorporated or Qualified  
10/03/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6336 SW 10 ST

26 6336 SW 10 ST

4. FEI Number

65-0536233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, PURA  
6346 S.W. 10TH STREET  
WEST MIAMI FL 33144

81

Name  
WEINMAN DOUG

82

Street Address (P.O. Box Number is Not Acceptable)

6336 SW 10 ST

83

84

City  
WEST MIAMI

FL

85

Zip Code  
33144

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, PURA	
STREET ADDRESS	6346 S.W. 10TH STREET	
CITY-ST-ZIP	WEST MIAMI FL 33144	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINMAN, DOUG	
STREET ADDRESS	6336 S.W. 10TH STREET	
CITY-ST-ZIP	WEST MIAMI FL 33144	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MULLEN, ISABEL	
STREET ADDRESS	1950 S.W. 64TH AVENUE	
CITY-ST-ZIP	WEST MIAMI FL 33144	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REZOLA, INAKI	
STREET ADDRESS	6527 S.W. 23 ST.	
CITY-ST-ZIP	WEST MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PINEIRO, SHALEEN	
STREET ADDRESS	6421 S.W. 16TH TERRACE	
CITY-ST-ZIP	WEST MIAMI FL	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	REZOLA, INAKI	
STREET ADDRESS	6527 S.W. 23TH STREET	
CITY-ST-ZIP	WEST MIAMI FL 33144	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WILLIAM PUPO, WILLIAM	
13 STREET ADDRESS	6370 SW 18 TERRACE	
14 CITY-ST-ZIP	WEST MIAMI, FL 33155	
21 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WEINMAN, DOUG	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MULLIN, ISABEL	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BLANCA, CANDIAN	
43 STREET ADDRESS	5841 SW 13 ST	
44 CITY-ST-ZIP	WEST MIAMI 33144	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12

Date:

305-235-7781

Daytime Phone #

CR2E037 (12/95)