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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004923 (8)**

1. Corporation Name

WEST MIAMI HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6336 SW 10TH STREET
WEST MIAMI FL 33144
US

6336 SW 10 STREET
WEST MIAMI FL 33144-4940
US



3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

2a. Mailing Address

21 **6370 SW 18 Terrace**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **West Miami FL**

28 City & State

24 **33144**

25 **US**

29 City & State

30 Zip

Country

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

**WEINMAN, DOUG
6336 SW 10TH STREET
WEST MIAMI FL 33144**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
PUPO, WILLIAM
6370 SW 18 TERRACE
WEST MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TD
WEIMAN, DOUG
6336 S.W. 10TH STREET
WEST MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
MULLIN, ISABEL
1950 S.W. 64TH AVENUE
WEST MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
BLANCA, CANDIDA
5841 SW 13 STREET
WEST MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do 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 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

Doyle Blum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/97

205 235-7771

Date

Daytime Phone # 0030250

CR2E037 (9/96)