


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N96000005290</b>   |   |   |  |                               |  |
| <b>1. Entity Name</b><br>WESTVIEW VILLAS-I CONDOMINIUM ASSOCIATION, INC.   |   |   |  |  |  |
| <b>Principal Place of Business</b><br>7080 W 35TH AVE<br>HIALEAH, FL 33018 US  |   |   | <b>Mailing Address</b><br>2500 NW 97 AVENUE<br>SUITE 200<br>MIAMI, FL 33172 US |  |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>   |  | 01232004 Chg-NP CR2E037 (10/03)  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. # etc   |  | <b>4. FEI Number</b><br>65-0711409   |  |
| City & State   |   | City & State  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| Zip  | Country   | Zip   | Country  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |   |  | <b>7. Name and Address of New Registered Agent</b>   |  |
| SPM GROUP INC<br>2500 NW 97 AVENUE<br>SUITE 200<br>MIAMI, FL 33172   |   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                              |  |
| <b>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.</b>   |   |   |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>CASTRO, AMAURY<br>7080 W 35 AVE #125<br>HIALEAH, FL   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>00000001/0374<br>03/01/04-80041-002 61.25 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>GALAN, JOSE<br>7080 W 35TH AVE<br>HIALEAH, FL 33018  | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>SARDA, MARINA<br>7080 W 35TH AVE<br>HIALEAH, FL 33018 | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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.</b> |   |   |  |  |  |
| <b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____   |   |   |  |  |  |