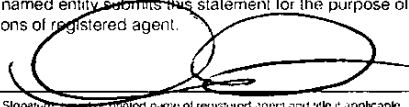
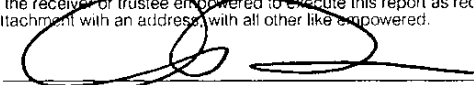


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90109 018 ****61.25

DOCUMENT # N96000005290 1. Entity Name WESTVIEW VILLAS-I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7080 W 35TH AVE HIALEAH, FL 33018 US		Mailing Address 2500 NW 97 AVENUE SUITE 200 MIAMI, FL 33172 US	
2. Principal Place of Business - No P.O. Box # 2200 NW 102 Ave		3. Mailing Address 2200 NW 102 Ave	
Suite, Apt. #, etc. Suite #5		Suite, Apt. #, etc. Suite #5	
City & State Miami, FL		City & State Miami FL	
Zip 33172		Zip 33172	
Country USA		Country USA	
4. FEI Number 65-0711409		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPM GROUP INC 2500 NW 97 AVENUE SUITE 200 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name SPM Group INC Street Address (P.O. Box Number is Not Acceptable) 2200 NW 102 Ave Suite # 5 City Miami FL Zip Code 33172	
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 of registered agent and title if applicable		DATE 5/1/07 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTRO, AMAURY 7080 W 35 AVE #125 HIALEAH, FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GALAN, JOSE 7080 W 35TH AVE HIALEAH, FL 33018	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SARDA, MARINA 7080 W 35TH AVE HIALEAH, FL 33018	☐ Delete	☐ 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 exemptions contained in Chapter 119, 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 5/1/07 DAYTIME PHONE # 305-444-6757	