
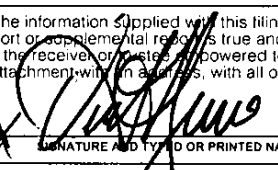


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90310 043 ****61.25

DOCUMENT # N97000005735 1. Entity Name WESTGATE RESIDENCE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1515 WEST AVE. MIAMI BEACH, FL 33139 US			Mailing Address 220 71 STREET SUITE 207 MIAMI BEACH, FL 33141 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 415342 Suite, Apt. #, etc.			
City & State Zip Country		City & State MIAMI BEACH, FL Zip Country 33141 USA		4. FEI Number 80-0033841	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent THE WALL MANAGEMENT CORP. 220 71 STREET SUITE 207 MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD CHUNG, RICHARD <input checked="" type="checkbox"/> Delete 1515 WEST AVE., #02 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUZE, VINCENT <input type="checkbox"/> Delete 405 ALTON ROAD 2209 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUZE, VINCENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 ALTON RD # 2209 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, CRISTOBAL <input checked="" type="checkbox"/> Delete 1521 ALTON ROAD 295 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUZE, VINCENT <input checked="" type="checkbox"/> Delete 405 ALTON ROAD 2209 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TUZE, CARA <input type="checkbox"/> Delete 400 ALTON ROAD 2209 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUZE, CARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 ALTON RD # 2209 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREDA, RENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1515 WEST AVE # 03 MIAMI BEACH, FL 33139	
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 reports 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:  VINCENT TUZE			4/9/06 (561) 385 8883 <small>Date Phone #</small>		