


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90022 029 ****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 PO BOX 4154342 MIAMI BEACH, FL 33141 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 415342 Suite, Apt. #, etc.	
City & State Miami Beach, FL		4. FEI Number 80-0033841	
Zip 33141		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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: The Wall Management Corp Street Address (P.O. Box Number is Not Acceptable): 1440 J. F. Kennedy Causeway Suite: 429 - C City: North Bay Village FL Zip Code: 33141	
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: <u>Ceto De Freitas (V)</u> DATE: <u>04.18.07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	PD TUZEO, VINCENT 400 ALTON RD #2209 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Tuzeo, Vincent 2135 SW 99th Way Miramar, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUZEO, CARA 400 ALTON ROAD 2209 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Pereda, Rene 1515 West Ave #03 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREDA, RENE 1515 WEST AVE #03 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>[Signature]</u>		04.18.07 3058658180	
SIGNATURE AND TITLE OF PERSON NAMED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	