

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005735

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: WESTGATE RESIDENCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1515 WEST AVE.  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 415342  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

FEI Number: 80-0033841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE WALL MANAGEMENT CORP.  
1440 J.F. KENNEDY CAUSEWAY  
SUITE 429-C  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: TUZEO, VINCENT  
Address: 400 ALTON RD #2209  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD ( ) Delete  
Name: PEREDA, RENE  
Address: 1515 WEST AVE #03  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TUZEO, VINCENT  
Address: 400 ALTON RD #2209  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition  
Name: PEREDA, RENE  
Address: 1515 WEST AVE #03  
City-St-Zip: MIAMI BEACH, FL 33139

Title: P ( ) Change (X) Addition  
Name: AGUIRRE, HAYDEE  
Address: 1515 WEST AVE #01  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Change (X) Addition  
Name: SHARP, JULIEN  
Address: 500 W 56TH STREET #519  
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORLANDO DE LUIZ

RA

04/25/2008

Electronic Signature of Signing Officer or Director

Date