2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N97000005735

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:

PO BOX 402507
MIAMI BEACH, FL 33140 US

FEI Number: 80-0033841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 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: D ( ) Delete
Name: TUZEO, VINCENT
Address: 400 ALTON RD #2209
City-St-Zip: MIAMI BEACH, FL 33139

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AGUIRRE, HAYDEE
Address: P.O. BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP (X) Change ( ) Addition
Name: SHARP, JULIEN
Address: P.O. BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Change ( ) Addition
Name: PEREDA, RENE
Address: P.O. BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HAYDEE AGUIRRE P 04/23/2009

Electronic Signature of Signing Officer or Director — Date