

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90355 002 ****61.25

DOCUMENT # N98000003205					
1. Entity Name WESTVIEW VILLAS-II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7020 WEST 35 AVENUE 120 HIALEAH, FL 33018			Mailing Address 7020 WEST 35 AVENUE 120 HIALEAH, FL 33018		
2. Principal Place of Business 7020 W. 35 Ave. Suite, Apt. #, etc. Unit #120 City & State Hialeah, FL Zip 33018 Country U.S.A.		3. Mailing Address 7020 W. 35 Ave. Suite, Apt. #, etc. Unit #120 City & State Hialeah, FL Zip 33018 Country USA		40042549 	
03292006 Chg-NP CR2E037 (11/05)				4. FEI Number 65-0846030	
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 FVENTES, EDVARDO 7020 WEST 35 AVENUE 120 HIALEAH, FL 33018			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.</small>			DATE <u>3/30/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</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	T BOFILL, ISAAC <input checked="" type="checkbox"/> Delete 7020 W 35 AVE #117 HIALEAH, FL 33018		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maira Lohviz 7020 W. 35 Ave. #115 Hialeah, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DIAZ, BARBARA 7020 WEST 35 AVENUE #116 HIALEAH, FL 33018		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Engelberto faedo 7020 W. 35 Ave. #116 Hialeah, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete FVENTES, EDVARDO 7020 W 35 AVE #120 HIALEAH, FL 33018		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete ENREQUE, JOSE 7020 W 35 AVE #112 HIALEAH, FL 33018		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gladys e. Hernandez 7020 W. 35 Ave. #118 Hialeah, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ibis Averhoff 7020 W. 35 Ave. #121 Hialeah, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/30/06</u> Daytime Phone # <u>305-281-4718</u>		