

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 16 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **733248** (9)  
1. Corporation Name  
**WESTVIEW CONDOMINIUM ASSOCIATION NO. ONE, INC.**

Principal Place of Business Mailing Address  
**8948 PALM TREE LN. PEMBROKE PINES FL 33024-4612** **8948 PALM TREE LN. PEMBROKE PINES FL 33024-4612**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/08/1975</b>	3a. Date of Last Report <b>04/14/1994</b>
4. FEI Number <b>59-1630817</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**MOYNIHAN, ALLAN  
8955 PALM TREE LANE  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP
NAME	MOYNIHAN, ALLAN	1.2 NAME	JOE CULLER
STREET ADDRESS	8955 PALM TREE LANE	1.3 STREET ADDRESS	8955 PALM TREE LANE
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL.
TITLE	T	2.1 TITLE	D
NAME	CHANEY, STAN	2.2 NAME	AMY PERRYMAN
STREET ADDRESS	8913 PALM TREE LANE	2.3 STREET ADDRESS	8950 PALM TREE LANE
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	VD	3.1 TITLE	D
NAME	SCHWARTZ, PEGGY	3.2 NAME	PAUL TRIGANUK
STREET ADDRESS	8927 PALM TREE LANE	3.3 STREET ADDRESS	8960 PALM TREE LANE
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL.
TITLE	D	4.1 TITLE	
NAME	SILVERIA, ROBERT	4.2 NAME	
STREET ADDRESS	8919 PALM TREE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	EDWARD PESTER	5.2 NAME	
STREET ADDRESS	8951 PALM TREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	DIANE TRAMER	6.2 NAME	
STREET ADDRESS	8994 PALM TREE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL.	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, in the attachment with an address.

SIGNATURE: *Edward P. Pester* DATE: *2/9/95* 435-0853  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR