

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **07/08/1975**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **59-1630817**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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, 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
TITLE: **P VP** DELETE
NAME: **CALLER, JOE**
STREET ADDRESS: **8955 PALM TREE LANE**
CITY-ST-ZIP: **PEMBROKE PINES FL**
TITLE: **T** DELETE
NAME: **CHANEY, STAN**
STREET ADDRESS: **8913 PALM TREE LANE**
CITY-ST-ZIP: **PEMBROKE PINES FL**
TITLE: **D** DELETE
NAME: **TZIGAWICK, PAAH**
STREET ADDRESS: **8960 PALM TREE LANE**
CITY-ST-ZIP: **PEMBROKE PINES FL**
TITLE: **D** DELETE
NAME: **SILVERIA, ROBERT**
STREET ADDRESS: **8919 PALM TREE LN**
CITY-ST-ZIP: **PEMBROKE PINES FL**
TITLE: **D** DELETE
NAME: **PERRYMAN, ADY**
STREET ADDRESS: **8950 PALM TREE LANE**
CITY-ST-ZIP: **PEMBROKE PINES FL**
TITLE: **T P** DELETE
NAME: **PESTER, EDWARD**
STREET ADDRESS: **8951 PALM TREE LANE**
CITY-ST-ZIP: **PEMBROKE PINES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: **D** Change Addition
1.2 NAME: **TERESA BENSON**
1.3 STREET ADDRESS: **8934 PALMYRA LANE**
1.4 CITY-ST-ZIP: **P.D. FL.**
2.1 TITLE: **D** Change Addition
2.2 NAME: **DEBORAH SILVERIA**
2.3 STREET ADDRESS: **8919 PALM TREE LANE**
2.4 CITY-ST-ZIP: **P.D. FL.**
3.1 TITLE: **S** Change Addition
3.2 NAME: **DIANE TRADER**
3.3 STREET ADDRESS: **8994 PALM TREE LANE**
3.4 CITY-ST-ZIP: **P.D. FL.**
4.1 TITLE: **D** Change Addition
4.2 NAME: **SHARON MORALES**
4.3 STREET ADDRESS: **8998 PALM TREE LANE**
4.4 CITY-ST-ZIP: **P.D. FL.**
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe Caller Pres. JOE CALLER 4/4/96 305-867-6721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)