

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/08/1975	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-1630817	Applied For Not Applicable
Country 25	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 JOE CULLER 82 Street Address (P.O. Box Number is Not Acceptable) 8955 PALM TREE LANE 83 84 City PEMBROKE PINES FL 85 Zip Code 33084
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLER, JOE	1.2 NAME	JOE CULLER
STREET ADDRESS	8955 PALM TREE LANE	1.3 STREET ADDRESS	CULLER
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, TERESA	2.2 NAME	
STREET ADDRESS	8934 PALM TREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TZIGAWICK, PAAH	3.2 NAME	DIANE TRADER
STREET ADDRESS	8980 PALM TREE LANE	3.3 STREET ADDRESS	8994 PALM TREE LANE
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	PEMBROKE PINES, 33084
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERIA, ROBERT	4.2 NAME	SHARON MORALES
STREET ADDRESS	8919 PALM TREE LN	4.3 STREET ADDRESS	8994 PALM TREE LANE
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRYMAN, ADY	5.2 NAME	
STREET ADDRESS	8950 PALM TREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESTER, EDWARD	6.2 NAME	ED PESTER
STREET ADDRESS	8951 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address.

SIGNATURE: *[Signature]*

CR2E037 (9/96)