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FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



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

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~~

3. Date incorporated or Qualified  
07/08/1975  
4. FEI Number  
59-1630817  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 3300 University Dr.  
22 City & State 27 #405  
23 Zip 28 Coral Springs, FL  
24 Country 29 33065 30 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
CULLER, JOE  
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 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	CULLER, JOE	8955 PALM TREE LANE	PEMBROKE PINES FL	<input type="checkbox"/>
D	BENSON, TERESA	8934 PALM TREE LANE	PEMBROKE PINES FL	<input type="checkbox"/>
D	TRADER, DIANE	8994 PALM TREE LANE	PEMBROKE PINES FL	<input type="checkbox"/>
S	MORALES, SHARON	8992 PALM TREE LANE	PEMBROKE PINES FL	<input type="checkbox"/>
D	PERRYMAN, ADY	8950 PALM TREE LANE	PEMBROKE PINES FL	<input checked="" type="checkbox"/>
T	PESTER, ED	8951 PALM TREE LANE	PEMBROKE PINES FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I 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 unchanged, or on an attachment with an address.

SIGNATURE [Signature] DATE Daytime Phone # 0023672

CR2E037 (10/97)