

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90079 020 ****61.25

DOCUMENT # 733248

1. Entity Name

WESTVIEW CONDOMINIUM ASSOCIATION NO. ONE, INC.

Principal Place of Business

8948 PALM TREE LN.
 PEMBROKE PINES FL 33024-4812

Mailing Address

3300 UNIVERSITY DRIVE
 #405
 CORAL SPRINGS FL 33065-4130
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1630817

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULLER, JOE
8955 PALM TREE LANE
PEMBROKE PINES FL 33024

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CULLER, JOE	
STREET ADDRESS	8955 PALM TREE LANE	
CITY-ST-ZIP	PEMBROKE PINES FL	T
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GARGOS, GEORGE	
STREET ADDRESS	8925 PALM TREE LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MEDINA, PETE	
STREET ADDRESS	8932 PALM TREE LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHELE CULLER		
STREET ADDRESS	8955 PALM TREE LANE		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		
TITLE	PRES.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MIKE DAVIS		
STREET ADDRESS	8960 PALM TREE LN		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		
TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELDIE SCHWARTZ		
STREET ADDRESS	8981 PALM TREE LN		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		
TITLE	TREAS.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOE E. CULLER		
STREET ADDRESS	8955 PALM TREE LN		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELDIE SCHWARTZ		
STREET ADDRESS	8955 PALM TREE LN		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000

Date

Daytime Phone #

CR2E037 (9/99)