


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90216 007 ****61.25

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # 733248 | | | |  | |
| 1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. ONE, INC. | | | | | |
| Principal Place of Business 8948 PALM TREE LN. PEMBROKE PINES, FL 33024-4612 | | Mailing Address 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS, FL 33065 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-1630817 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | CULLER, JOE | NAME | Welker, Frank | | |
| STREET ADDRESS | 8955 PALM TREE LANE | STREET ADDRESS | 2906 Palm Tree Lane | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL | CITY-ST-ZIP | Pembroke Pines, FL 33024 | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | STELLY, MIKE | NAME | Culler, Michelle | | |
| STREET ADDRESS | 8985 PALM TREE LANE | STREET ADDRESS | 8955 Palm Tree Lane | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33024 | CITY-ST-ZIP | Pembroke Pines, FL 33024 | | |
| TITLE | VD <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KINANNE, MARY | NAME | | | |
| STREET ADDRESS | 8945 PALM TREE LANE | STREET ADDRESS | | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33024 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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: _____ | | Date | | Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 305-904-1039 | |

54039532



03252004 Chg-NP CR2E037 (10/03)