

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90415 018 \*\*\*\*61.25

<b>DOCUMENT # 733248</b>					
1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. ONE, INC.					
Principal Place of Business 11784 W. SAMPLE DR. POMPANO BEACH, FL 33065			Mailing Address 11784 W. SAMPLE DR. <del>#400</del> POMPANO BEACH, FL 33065 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>GULLER, JOE</del> <del>8955 PALM TREE LANE</del> <del>PEMBROKE PINES, FL 33024</del>			Name: <i>United Community Mgmt Corp</i> Street Address (P.O. Box Number is Not Acceptable): <i>11784 W. Sample Dr.</i> City: <i>Coral Springs</i> FL Zip Code: <i>33065</i>		
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: <i>Renie Cottar</i> U.P. Finance <i>United Community Mgmt.</i> 3/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLY, MAILEIN		NAME		
STREET ADDRESS	8955 PALM TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLY, MIKE		NAME		
STREET ADDRESS	8985 PALM TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELKER, FRANK		NAME	WALKENHORST, SHELLY	
STREET ADDRESS	8906 PALM TREE LANE		STREET ADDRESS	8902 PALM TREE LN	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	PEMBROKE PINES, FL. 33024	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, TREY		NAME	MARSHALL, TROY	
STREET ADDRESS	8975 PALM TREE LN		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PEREYRA, RAFAEL	
STREET ADDRESS			STREET ADDRESS	8994 PALM TREE LN	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL. 33024	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HELMUS, STACY	
STREET ADDRESS			STREET ADDRESS	8925 PALM TREE LN	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL. 33024	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mike Stelly</i>			Date: <i>5/1/06</i>		Daytime Phone #: <i>561 809-9601</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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4. FEI Number 59-1630817 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required