


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90074 031 ****61.25

DOCUMENT # 733248

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.
 #405
 POMPANO BEACH, FL 33065 US

40054080



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State
 Coral Springs Coral Springs

Zip Country
 Country

4. FEI Number
 59-1630817

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 UNITED COMMUNITY MGMT CORP
 11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065

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

7. Name and Address of New Registered Agent

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 the registered agent.

SIGNATURE *Denise Kottanice* U.P. Finance United Comm Mgmt 4/5/07
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STELLY, MAILEIN	
STREET ADDRESS	8955 PALM TREE LANE	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STELLY, MIKE	
STREET ADDRESS	8985 PALM TREE LANE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKENHORST, SHELLY	
STREET ADDRESS	8902 PALM TREE LN	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, TROY	
STREET ADDRESS	8975 PALM TREE LN	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PEREYRA, RAFAEL	
STREET ADDRESS	3994 PALM TREE LN	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HELMUS, STACY	
STREET ADDRESS	8925 PALM TREE LN	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Change <input checked="" type="checkbox"/> Addition
NAME	Arribas, Jaime	
STREET ADDRESS	8924 Palm Tree Lane	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alvarez, Marybel	
STREET ADDRESS	8992 Palm Tree Lane	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mimoso, Jose	
STREET ADDRESS	8926 Palm Tree Lane	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penn, Malcah	
STREET ADDRESS	8950 Palm Tree Lane	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Servat Maximiliano	
STREET ADDRESS	8934 Palm Tree Lane	
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 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: *JAME ARRIBAS* 4-3-07 954 957 9765
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #