

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733248

FILED
Apr 08, 2009
Secretary of State

Entity Name: WESTVIEW CONDOMINIUM ASSOCIATION NO. ONE, INC.

Current Principal Place of Business:

11784 W. SAMPLE DR.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325

Current Mailing Address:

11784 W. SAMPLE DR.
#405
CORAL SPRINGS, FL 33065 US

New Mailing Address:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325

FEI Number: 59-1630817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRINITY MANAGEMENT SOLUTIONS
549 SA WGRASS CORP PARKWAY
FORT LAUDERDALE, FL 33325 US

Name and Address of New Registered Agent:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORP PARKWAY
SUNRISE, FL 33325 US

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: HELENIZE GOMES

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MIMOSA, JOSE
Address: 8926 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD () Delete
Name: ARRIBAS, JAIME
Address: 8924 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD () Delete
Name: ALVAREZ, MARYBEL
Address: 8992 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD (X) Delete
Name: PENN, MALCUK
Address: 8980 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD (X) Delete
Name: MAXIMILIANO, SERUAT
Address: 8934 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MAXIMILIANO, SERVAT
Address: 8934 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENIZE GOMES

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date