

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$363)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744959 (8)
1. Corporation Name
WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.

Principal Place of Business Mailing Address
9154 ORCHID TREE LANE PEMBROKE PINES FL 33024 **9154 ORCHID TREE LANE PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/15/1978** 3a. Date of Last Report **08/19/1994**
4. FEI Number **59-2071313** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suits, Apt. #, etc. 2b. Suits, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

24. Zip 25. Country 29. Zip 30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TAVSS, JAMES M
9154 ORCHID TREE LANE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAUNFER, ALBERT 9181 LIME TREE LANE PEMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROMEN, GABRIEL 9169 LIME TREE LN PEMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAYT, LAWRENCE 9169 LIME TREE LANE PEMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M TAVSS, JAMES 9154 ORCHID TREE LANE PEMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOHEN, LAURE 9130 ORCHID TREE LANE PEMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FAUBERT, FLORENCE 9149 LIME TREE LN PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KAUNFER, ALBERT 9181 LIME TREE LANE PEMBROKE PINES, FL 33024
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D KAMINSKI, MARYANN PEMBROKE PINES, FL 33024
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD CHAYT, LAWRENCE 9169 LIME TREE LANE PEMBROKE PINES, FL 33024
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DS JAWICKI, LORI PEMBROKE PINES FL 33024
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FD FAUBERT, FLORENCE 9149 LIME TREE LANE PEMBROKE PINES, FL 33024

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **6/27/95** (305) 431-5949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR