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Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744959

1. Corporation Name

WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.

Principal Place of Business

4800 S. DAVIE RD.  
STE. 103  
DAVIE FL 33314

Mailing Address

4800 S. DAVIE RD.  
STE. 103  
DAVIE FL 33314



|                                |    |                     |    |   |  |
|--------------------------------|----|---------------------|----|---|--|
| 2. Principal Place of Business |    | 2a. Mailing Address |    | 3. Date Incorporated or Qualified   |  |
| 21                             |    | 26                  |    | 11/15/1978  |  |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | 4. FEI Number   |  |
| 22                             |    | 27                  |    | 59-2071313  |  |
| City & State                   |    | City & State        |    | 5. Certificate of Status Desired <input type="checkbox"/>                       |  |
| 23                             |    | 28                  |    | \$8.75 Additional Fee Required  |  |
| Zip                            |    | Country             |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  |
| 24                             | 25 | 29                  | 30 | \$5.00 May Be Added to Fees   |  |

9. Name and Address of Current Registered Agent

NACHMAN, IRVIN W P.A.  
4441 STIRLING RD.  
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

|    |  |             |
|----|--|-------------|
| 81 | Name   |             |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |             |
| 83 |  |             |
| 84 | City   | 85 Zip Code |
|    | FL   |             |

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | VD                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KAUNFER, ALBERT         | 1.2 NAME  |   |
| STREET ADDRESS             | 9181 LIME TREE LANE     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PEMBROKE PINES FL 33024 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHEVALIER, ANN          | 2.2 NAME  |   |
| STREET ADDRESS             | 9154 LIME TREE LANE     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PEMBROKE PINES FL 33024 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KAUNFER, AL             | 3.2 NAME  |   |
| STREET ADDRESS             | 9181 LIME TREE LN.      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PEMBROKE PINES FL 33024 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FAUBERT, FLORENCE       | 4.2 NAME  |   |
| STREET ADDRESS             | 9149 LIME TREE LN       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PEMBROKE PINES FL       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROMEY, GABRIEL          | 5.2 NAME  |   |
| STREET ADDRESS             | 9161 LIME TREE LANE     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PEMBROKE PINES FL 33024 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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, with all other like empowered.

SIGNATURE:

*Albert Kaunfer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 954.432.5078  
Date Daytime Phone #

CR2E037 (1/98)