

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 744959**

1. Entity Name

**WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90177 022 \*\*\*\*61.25

Principal Place of Business <b>4800 S. DAVIE RD. STE. 103 DAVIE FL 33314</b>	Mailing Address <b>4800 S. DAVIE RD. STE. 103 DAVIE FL 33314-4438</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2071313**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUNFER, ALBERT</b>	NAME	
STREET ADDRESS	<b>9181 LIME TREE LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHEVALIER, ANN</b>	NAME	
STREET ADDRESS	<b>9154 LIME TREE LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAUBERT, FLORENCE</b>	NAME	
STREET ADDRESS	<b>9149 LIME TREE LN</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMEU, GABRIEL</b>	NAME	
STREET ADDRESS	<b>9161 LIME TREE LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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:** \_\_\_\_\_ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/00** **954/432-5078**  
 Date Daytime Phone #

CR2E037 (9/99)