

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90124 044 \*\*\*\*61.25

**DOCUMENT # 744959**

1. Entity Name  
**WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.**

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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number <b>59-2071313</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**NACHMAN, IRVIN W P.A.  
 4441 STIRLING RD.  
 FT. LAUDERDALE FL 33314**

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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KAUNFER, ALBERT</b> <input type="checkbox"/> Delete <b>9181 LIME TREE LANE</b> <b>PEMBROKE PINES FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CHEVALIER, ANN</b> <input checked="" type="checkbox"/> Delete <b>9154 LIME TREE LANE</b> <b>PEMBROKE PINES FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FAUBERT, FLORENCE</b> <input checked="" type="checkbox"/> Delete <b>9149 LIME TREE LN</b> <b>PEMBROKE PINES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROMEU, GABRIEL</b> <input type="checkbox"/> Delete <b>9161 LIME TREE LANE</b> <b>PEMBROKE PINES FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KAUNFER, ALBERT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9181 LIME TREE LANE</b> <b>PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ROMEU, GABRIEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9161 LIME TREE LANE</b> <b>PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHAYT, LAWRENCE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9169 LIME TREE LANE</b> <b>PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SILBERMAN, RICHARD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9130 LIME TREE LANE</b> <b>PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CADENHEAD, JANELLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1551 NW 92 AVE</b> <b>PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Albert Kaunfer **ALBERT KAUNFER** 4/15/02 954-432-8018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)