


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90054 038 ****61.25

DOCUMENT # 744959					
1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.					
Principal Place of Business 9200 TAFT STREET PEMBROKE PINES, FL 33024			Mailing Address 7175 S.W. 8 ST STE 212 MIAMI, FL 33144		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02242005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2071313	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIP EISINGER & BROWN 4000 HOLLYWOOD BLVD STE 265- SOUTH HOLLYWOOD, FL 33021			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADENHEAD, JANELLE		NAME	Joseph Poledri	
STREET ADDRESS	1551 NW 92 AVE		STREET ADDRESS	1601 NW 92 Ave	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ANNIE		NAME	Yvette Alvarez	
STREET ADDRESS	9111 ORCHID TREE LANE		STREET ADDRESS	9118 Lime Tree Lane	
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAYT, LAWRENCE		NAME	Rosie Shi-Coley	
STREET ADDRESS	9169 LIME TREE LANE		STREET ADDRESS	1631 N.W 92 Ave	
CITY-ST-ZIP	PEMBROKE PINE, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVEZ, GLORIA		NAME	Gloria Esterez	
STREET ADDRESS	9100 ORCHID TREE LANE		STREET ADDRESS	9100 Orchid Tree Lane	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLEDRI, JOSEPH		NAME	Maurice Cheval	
STREET ADDRESS	1601 NW 92 AVE		STREET ADDRESS	9154 Lime Tree Lane	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
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: <i>Jovette Alvarez</i>		Date: 3/24/05		Daytime Phone #: 786 388-0257	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	