


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90091 050 \*\*\*\*61.25

<b>DOCUMENT # 744959</b>					
1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.					
Principal Place of Business 8360 W. OAKLAND PARK BLVD, SUITE 301 SUNRISE, FL 33351-7339			Mailing Address P.O. BOX 452199 SUNRISE, FL 33345		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2071313	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
UNITED COMMUNITY MANAGEMENT CORP. 11784 WEST SAMPLE ROAD, SUITE #103 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent	
				Name Robert Kaye & Associates, P.A.	
				Street Address (P.O. Box Number is Not Acceptable)	
				6261 NW 6th Way #103	
City		Ft. Lauderdale		FL Zip Code 33309	
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 <i>Robert Kaye President</i>				DATE 2-15-08	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ANNIE		NAME	Garcia, Sheila	
STREET ADDRESS	9111 ORCHID TREE LANE		STREET ADDRESS	9119 Lime Tree Lane	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEZADA, JAVIER		NAME	Klein, Stanley	
STREET ADDRESS	9155 LIME TREE LANE		STREET ADDRESS	9160 Lime Tree Lane	
CITY-ST-ZIP	PEMBROKE PINE, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLPE, JAMES		NAME	Santos, Ryan	
STREET ADDRESS	9182 ORCHID TREE LANE		STREET ADDRESS	9137 Lime Tree Lane	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	V/Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNAL, IDA		NAME	Sedmak, Carole	
STREET ADDRESS	9174 ORCHID TREE LANE		STREET ADDRESS	9125 Lime Tree Lane	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		<input type="checkbox"/> Delete	TITLE	Sec/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Guerra, Marleny	
STREET ADDRESS			STREET ADDRESS	9113 Lime Tree Lane	
CITY-ST-ZIP			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 exemptions contained in Chapter 119, 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>Sheila Garcia</i>		4-23-08		9545725902	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	