2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # 744959 1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.								091 050 ****61	
8360 W. OAKLAND PARK BLVD, SUITE 301			Mailing Address P.O.BOX 452199 SUNRISE, FL 33345	,		L CHROLORPH AIRL	41518 18181 81118 1811 814		811181 2 1 1881
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02122008 _C	hg-NP (CR2E037 (12/06)	
City & State			City & State			4. FEI Number Applied For 59-2071313 Not Applicable			
Zip		Country	Zip	Country		5. Certificate of S		S8.75 Addition Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Add	Iress of New Regi	istered Agent	
UNITED COMMUNITY MANAGEMENT CO 11784 WEST SAMPLE ROAD, SUITE #103			O		RO	bbert Kaye & Associates, P.A.			
CORAL SE	PRINGS, FI	L 33065			620	61 NW 6th	Way #10	 03	
The above named entity submits this statement for the purpose of changing its registered of					Ft	. Lauderd	lale	FL Zip Cod	09
the obligat	tions of registe	ered agent.	And parpose of changing its it	ogistered offici	or register	ed agent, or both, in	THE State OF FISH	ia. Familianinai wi tii,	and accept
SIGNATURE .	1/8	Cour Laye or printed name duregistere lagent s	Pular dest	Registered Agent sig	nature required	(when reinstating)	Z	C-15-08	
_	Signature, typed of	Pour Cays	nd title if applicable. (NOTE: 9. Election Carrier Trust Fund Co	oaign Financin		\$5.00 May Be Added to Fees	Make		
_	Signature, typed of	ponted name duregistere regent see is \$61.25	9. Election Camp Trust Fund Co	oaign Financin	<i>-</i>	\$5.00 May Be Added to Fees	Make Florida	e check payable t	tate
SIGNATURE .	Signature Apped on Filling Fee Due by M: SD DAVIS, AN 9111 ORCI	printed name diregistered agent at a is \$61.25 ay 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financin entribution.		\$5.00 May Be Added to Fees	Make Florida ES TO OFFICERS Sheila E Tree La	e check payable to Department of S AND DIRECTORS IN Change	tate
10. TITLE NAME STREET ADDRESS	Signature (yped of Due by M: SD DAVIS, AN 9111 ORCI PEMBROK D BEZADA, 9155 LIME	or printed name duregistere regent as a printed	9. Election Camp Trust Fund Co	talential presentation of the presentation of	5	\$5.00 May Be Added to Fees ADDITIONS/CHANG Garcia, S 9119 Lime	Make Florida ESTOOFFICERS Sheila E Tree La Pines, la Lanley E Tree La	e check payable to Department of S AND DIRECTORS IN Change ane FL 33024 Change	tate I 10
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12. I hereby certify that the information supplied with this filling 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 ampowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STATUSE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23.08

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