

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 06, 2008
Secretary of State
VOID

DOCUMENT# 744959

Entity Name: WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.

Current Principal Place of Business:

8360 W. OAKLAND PARK BLVD, SUITE 301
SUNRISE, FL 333517339

New Principal Place of Business:

FILED IN ERROR/NO CHANGES MADE
SEE AMENDED REPORT FILED 07/09/2008

Current Mailing Address:

P.O.BOX 452199
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 59-2071313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY #103
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GARCIA, SHEILA
Address: 9119 LIME TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: BEZADA, JAVIER
Address: 9155 LIME TREE LANE
City-St-Zip: PEMBROKE PINE, FL 33024

Title: D () Delete
Name: SANTOS, RYAN
Address: 9137 LIME TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: SEDMAK, CAROLE
Address: 9125 LIME TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S/T () Delete
Name: GUERRA, MARLENY
Address: 9113 LIME TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: KLEIN, STANLEY
Address: 9160 LIME TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA DONNELLI

PRES

06/06/2008

Electronic Signature of Signing Officer or Director

Date