


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

FILED
08 JUL - 9 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744959		
1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.		
Principal Place of Business 8360 W. OAKLAND PARK BLVD, SUITE 301 SUNRISE, FL 33351-7839		Mailing Address P.O. BOX 452199 SUNRISE, FL 33345
2. Principal Place of Business - No P.O. Box # 10081 PINES BLVD.		3. Mailing Address SAME
Suite, Apt. #, etc. E-1		Suite, Apt. #, etc.
City & State Pembroke Pines, FL		City & State
Zip 33024	Country USA	Country
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY #103 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name ELITE MANAGEMENT ASSOCIATES INC. Street Address (P.O. Box Number is Not Acceptable) 10081 PINES BLVD E-1 City Pembroke Pines FL Zip Code 33024
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 reissuing)</small>		
Amended AR is \$61.25	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 NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, SHEILA 9110 LIME TREE LANE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEZADA, JAVIER 9155 LIME TREE LANE PEMBROKE PINE, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, RYAN 9137 LIME TREE LANE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEDMAN, CAROLE 9125 LIME TREE LANE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T GUERRA, MARLENY 9113 LIME TREE LANE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, STANLEY 9160 LIME TREE LANE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	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 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 <u>Sheila Garcia</u>		Date <u>7-7-08</u> Telephone # <u>754 423 3786</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Telephone #</small>

B.B.
7/9/08