

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 18, 2012
Secretary of State**

DOCUMENT# 744959

Entity Name: WESTVIEW CONDOMINIUM ASSOCIATION NO. THREE, INC.**Current Principal Place of Business:**10081 PINES BLVD.
E-1
PEMBROKE PINES, FL 33024**New Principal Place of Business:****Current Mailing Address:**10081 PINES BLVD.
E-1
PEMBROKE PINES, FL 33024**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:**ELITE MANAGEMENT ASSOCIATES, INC.
10081 PINES BLVD.
E-1
PEMBROKE PINES, FL 33024 US**Name and Address of New Registered Agent:**LAW OFFICES OF MARLON BRYAN
5701 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

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: MARLON BRYAN

05/18/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P
Name: GARCIA, SHEILA
Address: 9119 LIME TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024**Title:** D
Name: KLEIN, STANLEY
Address: 9160 LIME TREE LANE
City-St-Zip: PEMBROKE PINE, FL 33024**Title:** D
Name: SANTOS, RYAN
Address: 9137 LIME TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024**Title:** VP
Name: SEDMAK, CAROLE
Address: 9125 LIME TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024**Title:** S/T
Name: ROMEN, GABRIEL
Address: 9161 LIME TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby 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 all other like empowered.

SIGNATURE: SHEILA GARCIA

PRES

05/18/2012

Electronic Signature of Signing Officer or Director_____
Date