

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747231** (9)

1. Corporation Name
WESTVIEW CONDOMINIUM ASSOCIATION NO. FOUR, INC.

Principal Place of Business: **9200 N.W. 14TH COURT PEMBROKE PINES FL 33024**

Mailing Address: **9200 N.W. 14TH COURT PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/17/1979**

3a. Date of Last Report: **04/25/1994**

4. FBI Number: **59-1995590**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

ESINGER, DENNIS
19495 BISCAYNE BLVD.
SUITE 606
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DURIS, ANNE
STREET ADDRESS	9261 N.W. 14TH COURT
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VD
NAME	BELMONT, RONNIE
STREET ADDRESS	1450 N.W. 94TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	SD
NAME	SCHER, BARBARA
STREET ADDRESS	1501 NW 94 AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	TD
NAME	JON MICHAEL SCOTT
STREET ADDRESS	1491 NW 94 AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	PD
NAME	ATKINS-GRAD, PATTE
STREET ADDRESS	9421 N W 15ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **VD GONZALEZ ROBERT**

2.3 STREET ADDRESS **9411 NW 15/ST**

2.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **TD KLEIN, AVRA**

4.3 STREET ADDRESS **1400 NW 92 AVE**

4.4 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

5.1 TITLE Change Addition

5.2 NAME **PD INMAN, LINDA**

5.3 STREET ADDRESS **1481 NW 94 AVE**

5.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **4/20/95** **435-0582**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #