

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 05/17/1979
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1995590
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

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

City & State: 23
28

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

Zip: 24
Country: 25
29
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**EISINGER, DENNIS
46495 DISCAYNE BLVD.
SUITE 000
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): **4000 HOLLYWOOD BLVD #2655**
83
84 City: **HOLLYWOOD** FL 85 Zip Code: **33021**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD	<input type="checkbox"/>
NAME	DURIS, ANNE	
STREET ADDRESS	9261 N.W. 14TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	GONZALEZ, ROBERT	
STREET ADDRESS	9411 NW 15 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/>
NAME	SCHER, BARBARA	
STREET ADDRESS	1501 NW 94 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/>
NAME	KLEIN, AVRA	
STREET ADDRESS	1400 NW 92 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input type="checkbox"/>
NAME	INMAN, LINDA	
STREET ADDRESS	1481 NW 94 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	BRANDON, KEVIN		
2.3 STREET ADDRESS	9401 NW 14 CT		
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	SAKSENBERG, BARBARA		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anne Duris - ANNE DURIS 4/22/96 954-435-0582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)