FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(9)

WEST	IVIEW CON	DOMINIUM ASSO	CIATION NO. FOUR	, INC.							
Principal Place of Business Mailing Address								4 ADBINI INDAN ALANT ANGLA YANGA NIKAT NIKAT A		[
9200 N.W. 14TH COURT 9200 N.W. 14TH COURT PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-45											
								05/17/1979	3a. Date of Last R 05/01/199		
2. Principal 21	28. Mailing Address 26	,				4. FEI Number 59-1995590	├ ─ ─	plied For t Applicable			
Sulte, Ar	ot.#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re			
City & St 23	tate		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24		Country 25	Zip 29	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent								10. Name and Address of New Regist	ered Agent		
						Nan	ie				
EISINGER, DENNIS					82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
4000 HOLLYWOOD BLVD					B3	ļ					
SUITE 2655 HOLLYWOOD FL 33021					63	Ĭ.					
HOLLY	WOOD FL 33	3021			84	City			85 Zip (Code	
11. Pursuai	nt to the provisi	ons of Sections 617.050	2 and 617,1508, Florida Sta	atutes, the	abov	e-nam	ed corpo	pration submits this statement for the purp	ose of changing it	s reaistered	
office o	r registered ag	ent, or both, in the State th, and accept the oblig	of Florida. Such change wations of, Section 617,0503.	as authoriz . Florida Sta	ed by	y the c s.	orporatio	on's board of directors. I hereby accept the	e appointment as	registered	
SIGNATURI											
	Signature, typed or printed name of registered agent and title if applicable (NOIE: Registered Section 2) OFFICERS AND DIRECTORS / 13,					ent signa	ure require	d when reinstating) E ADDITIONS/CHANGES TO OFFICER	DATE		
12.	I VID	VD X DELETE			1.1 TITLE			ADDITIONS/CHANGES TO OFFICER	Change	Addition	
NAME	DURIS,	ANNE			1.2 NAME		1				
STREET ADDRES		V. 14TH COURT	1.3 \$1			1.3 STREET ADDRESS					
CITY-ST-ZIP	PEMBRO	KE PINES FL		1.4 0			1_				
TITLE	VD	VD DELETE			2.1 TITLE				☐ Change	Addition	
NAME		n, kevin		2.2	NAME		- (ĺ	
STREET ADDRES	1	/ 14 COURT		2.3 STR			s				
CITY-ST-ZIP TITLE	PEMBROKE PINES FL				2. 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition	
NAME	1	BERG, BARBARA	DELETE	_		3.2 NAME			ET OURINGO	L Addition	
STREET ADDRES						33 STREET ADDRESS				1	
CITY-ST-ZIP	and the other of				3.4. CITY - ST - ZIP						
TITLE	TD				4.1 TITLE		1-		Change	Addition	
NAME	KLEIN, A	VRA		4. 2	NAME						
STREET ADDRESS 1400 NW 92 AVE				4.3	4.3 STREET ADDRESS						
CITY-ST-ZIP					4.4 CITY - ST - ZIP						
TITLE	PD		DELETE		TITLE				☐ Change	Addition	
NAME	INMAN,			1	NAME						
STREET ADDRES		/ 94 AVE				T ADDRES	S				
CITY-ST-ZIP					CITY - S TITLE	ST-ZIP			Change	Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), 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 changes, or on an appear with an address.

6.3 STREET ADDRESS 64 CITY-ST-ZIP

6.2 NAME

FILED

Apr 28 1997 8:00am

Secretary of State