

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
05/17/1979

4. FEI Number 59-1995590	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**EISINGER, DENNIS
4000 HOLLYWOOD BLVD
SUITE 2855
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRANDON, KEVIN		1.2 NAME	
STREET ADDRESS 9401 NW 14 COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAKSENBERG, BARBARA		2.2 NAME	
STREET ADDRESS 1501 NW 94 AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE SECY/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLEIN, AVRA		3.2 NAME	
STREET ADDRESS 1400 NW 92 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INMAN, LINDA		4.2 NAME	
STREET ADDRESS 1481 NW 94 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 changed, or on an attachment with an address.

SIGNATURE: *Barbara Saksenberg* **BARBARA SAKSENBERG** #36-6393

CR2E037 (10/97)