


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90149 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 747231</b> 1. Corporation Name <b>WESTVIEW CONDOMINIUM ASSOCIATION NO. FOUR, INC.</b>		
Principal Place of Business 9200 N.W. 14TH COURT PEMBROKE PINES FL 33024	Mailing Address 9200 N.W. 14TH COURT PEMBROKE PINES FL 33024	



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
		05/17/1979
22	27	4
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FEI Number
		59-1995590
23	28	5
City & State	City & State	Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6
Zip	Zip	Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EISINGER, DENNIS 4000 HOLLYWOOD BLVD SUITE 2655 HOLLYWOOD FL 33021		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKSENBERG, BARBARA	1.2 NAME	
STREET ADDRESS	1501 NW 94 AVE	1.3 STREET ADDRESS	1491 NW 94 AVE
CITY-ST-ZIP	PEMPROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, AVRA	2.2 NAME	BETH COHEN
STREET ADDRESS	1400 NW 92 AVE	2.3 STREET ADDRESS	9341 NW 14 CT
CITY-ST-ZIP	PEMPROKE PINES FL	2.4 CITY-ST-ZIP	PEMPROKE PINES, FL
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INMAN, LINDA	3.2 NAME	
STREET ADDRESS	1481 NW 94 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMPROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECTY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SAMMED GOYARIA
STREET ADDRESS		4.3 STREET ADDRESS	9301 NW 14 CT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PEMPROKE PINES, FL
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, with all other like empowered.

SIGNATURE: Linda Inman SIGNATURE REQUIRED: LINDA INMAN 4/28/99 954 435 8144  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)