## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State

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DOCUMENT #				

DOCUMENT # 747231
1. Entity Name 04-16-2002 90134 001 \*\*\*\*61.25

Westview Condominium Association No. Four, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 15951 SW 41st St. <u>15951 SW 41st St.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #150 #150 City & State City & State Applied For 4. FEI Number 59-1995590 Not Applicable <del>Dayie, FL</del> Davie, FL \$8.75 Additional 5. Certificate of Status Desired 33331 Fee Required 33331 3531 -- -7.- Name and Address of Current Registered Agent ---Schnitzer, Steve
Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE 15951 SW 41 St IN THIS SPACE #15Ω Zip Code Davie, 33331 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Make Check Payable to **FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. THILE P TITLE DeMeo, Sandy NAME NAME . 9451 NW 14 CT #219 STREET ADDRESS STREET ADDRESS PEMBROKE PINES CITY-ST-ZIP CITY-ST-ZIP DelMont, Ronni TITLE SD TITLE 1450 NW 94 Ave., #226 NAME NAME STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE TD McKenzie, Jennifer NAME NW 9 AVR #230 NAME 1490 STREET ADDRESS STREET ADDRESS DO NOT WRITE PEMBROKE PINES H 330X CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE VP Mangio, Connie NAME 9521 NW 14 Ct., #212 NAME STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33024 CITY-ST-ZIP CITY-ST-ZIP Funke, John TITLE D TITLE NAME 1441 NW 95 Terr, #206 NAME STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33024 CITY-ST-ZIP CITY - ST - ZIP TITLE D Targia, Warren NAME NAME 1491 NW 95 Terr, #201 STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33024 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SANDRA DENERO

SIGNATURE: Sandra Wemes (PRESIDENT) 3/28/02 2410