


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747231					
1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. FOUR, INC.					
Principal Place of Business 9200 NW 14TH COURT PEMBROKE PINES, FL 33024			Mailing Address 9200 NW 14TH COURT PEMBROKE PINES, FL 33024		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		9200 NW 14th Ct Progressive Comm. Management - Ft. Lauderdale 549 Sawgrass Corporate Parkway Sunrise FL 33325			
City & State		City & State		09102008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1995590 Applied For Not Applicable	
5. Certificate of Status Desired. <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEMEO, SANDY 9451 NW 14 CT #219 PEMBROKE PINES, FL 33024			Name Progressive Comm. Management - Ft. Lauderdale Street Address (P.O. Box Numbers Not Permitted) 549 Sawgrass Corporate Parkway Sunrise FL 33325 City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>[Signature]</i></u> - DIRECTOR OF FINANCIAL SVCS - Pcmgmt. 9/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMEO, SANDY	NAME	000135970670		
STREET ADDRESS	9451 NW 14 CT, #219	STREET ADDRESS	09/16/08--01022--016 **\$61.25		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	5THD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JUSTICE, DANIEL	NAME			
STREET ADDRESS	9401 NW 14TH COURT	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TARGIA, WARREN	NAME			
STREET ADDRESS	1491 NW 95 TERR., #201	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRUEBA, VIVIANNE	NAME			
STREET ADDRESS	1481 NE 94 AVE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREEN, ROBERT	NAME			
STREET ADDRESS	9491 NW 14TH COURT #215	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Sandra Demes</i></u>		Date: <u>9/11/08</u>		Daytime Phone #: <u>954 332-6861</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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