

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747231

FILED
Apr 08, 2009
Secretary of State

Entity Name: WESTVIEW CONDOMINIUM ASSOCIATION NO. FOUR, INC.

Current Principal Place of Business:

9200 NW 14TH COURT
PEMBROKE PINES, FL 33024

New Principal Place of Business:

PROGRESSIVE COMM. MGMT- FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325

Current Mailing Address:

C/O PROGRESSIVE COMM. MANAGEMENT- FT LAUDE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325

New Mailing Address:

PROGRESSIVE COMM. MGMT- FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325

FEI Number: 59-1995590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROGRESSIVE COMMUNITY MANAGEMENT - FT. LAU
549 SAWGRASS CORPORATE PKWY.
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

PROGRESSIVE COMM. MGMT- FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 US

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.

SIGNATURE: HELENIZE GOMES

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEMEO, SANDY
Address: 9451 NW 14 CT, #219
City-St-Zip: PEMBROKE PINES, FL 33024

Title: 5THD () Delete
Name: JUSTICE, DANIEL
Address: 9401 NW 14TH COURT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V () Delete
Name: TARGIA, WARREN
Address: 1491 NW 95 TERR., #201
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: TRUEBA, VIVIANNE
Address: 1481 NE 94 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: GREEN, ROBERT
Address: 9491 NW 14TH COURT #215
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JUSTICE, DANIEL
Address: 9401 NW 14TH COURT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENIZE GOMES

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date