

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767860 (0)
1. Corporation Name
WESTVIEW CONDOMINIUM ASSOCIATION NO. NINE, INC.

Principal Place of Business Mailing Address
9000 SHERIDAN ST. #146 PEMBROKE PINES FL 33024-8601 US

2. Principal Place of Business 2a. Mailing Address
21 C/A Condo Accounting
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **25** Country **28** Zip **30** Country

APPROVED AND FILED
95 APR 20 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **04/07/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2322255** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GREENHILL, RICHARD
9000 SHERIDAN ST
\$146
PEMROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name Condo Accounting, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 9000 Sheridan St. Suite 146
83
84 City Pembroke Pines FL 85 Zip Code 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE *Richard Greenhill* **Richard Greenhill** **4-4-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	RD
NAME	CAPLAN, MR
STREET ADDRESS	1032 NW. 97TH AVE.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	PD
NAME	SHUKER, MARY S
STREET ADDRESS	1192 NW 97 AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	SD
NAME	MAY, LYLEITH MS.
STREET ADDRESS	1312 N.W. 97TH TERR.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	TD
NAME	TURNER, ELAINE MS.
STREET ADDRESS	1208 NW. 97TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VPO
NAME	Gray, Timothy
STREET ADDRESS	1280 NW 97 Ave.
CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	TD
NAME	Petit, Michael
STREET ADDRESS	1320 NW 97 Terrace
CITY-ST-ZIP	Pembroke Pines FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hecker, Phoebe	
1.3 STREET ADDRESS	1256 NW 97 AVE	
1.4 CITY-ST-ZIP	Pembroke Pines FL 33024	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	well, Avis	
2.3 STREET ADDRESS	1056 NW 97 AVE	
2.4 CITY-ST-ZIP	Pembroke Pines FL 33024	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Turner, Elaine	
4.3 STREET ADDRESS	1208 NW 97 AVE	
4.4 CITY-ST-ZIP	Pembroke Pines FL 33024	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Shuker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #