

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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 33024-8801 US**

3. Date Incorporated or Qualified **04/07/1983** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CONDO ACCOUNTING INC  
9000 SHERIDAN ST.  
STE 146  
PEMBROKE PIENS FL 33024**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HECKER, PHOEBE</b>	1.2 NAME	
STREET ADDRESS	<b>1256 NW 97 AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUKER, MARY S</b>	2.2 NAME	
STREET ADDRESS	<b>1192 NW 97 AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAY, LYLEITH MS.</b>	3.2 NAME	
STREET ADDRESS	<b>1312 N.W. 97TH TERR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, ELAINE MS.</b>	4.2 NAME	
STREET ADDRESS	<b>1208 NW. 97TH AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPDD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, TIMOTHY</b>	5.2 NAME	
STREET ADDRESS	<b>1280 NW 97 AENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETIT, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>1320 NW 97 TERRACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary S. Shuker* **2-5-96** **437-9200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)