

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



| | |
|--|---|
| Principal Place of Business 9000 SHERIDAN ST. #146 PEMBROKE PINES FL 33024-8801 US | Mailing Address 9000 SHERIDAN ST. 146 PEMBROKE PINES FL 33024-8801 US |
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|--|--|
| 3. Date Incorporated or Qualified 04/07/1983 | 3a. Date of Last Report 02/09/1996 |
| 4. FEI Number 59-2322255 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|---|
| 2. Principal Place of Business 21 3211 N 74 AVENUE Suite, Apt. #, etc. 22 SUITE 6 City & State 23 Hollywood, FL Zip 24 33024 Country 25 USA | 2a. Mailing Address 26 3211 N 74 AVENUE Suite, Apt. #, etc. 27 SUITE 6 City & State 28 Hollywood, FL Zip 29 33024 Country 30 USA |
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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 **Horizon Maintenance Services, Inc**
82 Street Address (P.O. Box Number is Not Acceptable)
3211 N 74 Avenue
83 **Suite 6**
84 City **Hollywood** **FL** 85 Zip Code **33024**

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 *Maria C. Guillen* **MARICEL C. GUILLEN / OFFICE MADAGEE 1/15/97**
Signature of, typewritten or printed name of, registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE D | <input type="checkbox"/> DELETE |
| NAME HECKER, PHOEBE | |
| STREET ADDRESS 1256 NW 97 AVENUE | |
| CITY - ST - ZIP PEMBROKE PINES FL | |
| TITLE PD | <input type="checkbox"/> DELETE |
| NAME SHUKER, MARY S | |
| STREET ADDRESS 1192 NW 97 AVE | |
| CITY - ST - ZIP PEMBROKE PINES FL | |
| TITLE SD | <input checked="" type="checkbox"/> DELETE |
| NAME MAY, LYLEITH MS. | |
| STREET ADDRESS 1312 N.W. 97TH TERR. | |
| CITY - ST - ZIP PEMBROKE PINES FL | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME TURNER, ELAINE MS. | |
| STREET ADDRESS 1208 NW. 97TH AVE | |
| CITY - ST - ZIP PEMBROKE PINES FL | |
| TITLE VPDD | <input type="checkbox"/> DELETE |
| NAME GRAY, TIMOTHY | |
| STREET ADDRESS 1280 NW 97 AENUE | |
| CITY - ST - ZIP PEMBROKE PINES FL | |
| TITLE TD | <input checked="" type="checkbox"/> DELETE |
| NAME PETIT, MICHAEL | |
| STREET ADDRESS 1320 NW 97 TERRACE | |
| CITY - ST - ZIP PEMBROKE PINES FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME WOLB, AVIS | |
| 1.3 STREET ADDRESS 1056 NW 97 AVENUE | |
| 1.4 CITY - ST - ZIP Pembroke Pines, FL 33024 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Shuker, Phoebe Hecker, Elaine Turner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023828

CR2E037 (9/96)