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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90002 046 \*\*\*\*61.25

## **DOCUMENT # 767860**

1. Corporation Name

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

WESTVIEW CONDOMINIUM ASSOCIATION NO. NINE, INC.					
Principal Place of Business         Mailing Address           3211 N 74TH AVE         3211 N 74TH AVE           STE 6         STE 6           HOLLYWOOD FL 33024         HOLLYWOOD FL 33024           US         US					
Principal Place of Business     Za. Mailing Address		2a. Mailing Address			3. Date Incorporated or Qualifed
(=·		26			04/07/1983
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For 59-2322255 Not Applicable
22		City & State			\$8,75 Additional
City & State	<del></del>	City & State			5. Certificate of Status Desired Fee Required
<b>23</b>	Country	Zip	Country	,	6. Election Campaign Financing S5.00 May Be
24	25	29 30	i (		Trust Fund Contribution Added to Fees
	9. Name and Address of Curren				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 74TH AVE					
STE 6			83	1	
HOLLYWOOD FL 33024			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  Signature: Sped Apprinted harmon registered agent and title if applicable. (NOTE: Registered Agent					
12. OF MOERO 3 11 20 10 10		13.	J	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Director Change Change Change
NAME	SHUKER, MARY S		1.2 NAME		Elizabeth Dethicks 1240 NW 97th Ave
STREET ADDRESS	1192 NW 97 AVE		1.3 STREE	TADORESS	1240 NW 9.
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-S	T-ZIP	Penibroke Pous pre 39027
TITLE	π	☐ DELETE	2.1 TITLE		Director Here Change MAddition
NAME	WELL, AVIS		2.2 NAME		1200 NW 97th AVC
STREET ADDRESS	1056 NW 97TH AVE			TADDRESS	Pembroka, Penes Fr 38020
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	Pembroka, rends, 12 3021
TITLE			3.1 TITLE 3.2 NAME		
NAME	TURNER, ELAINE MS. 1208 NW. 97TH AVE			T ADDRESS	, , ,
STREET ADDRESS	PEMBROKE PINES FL		3.4. CITY-S		,
CITY-ST-ZIP	VPDD	√ MÉLETE	4.1 TITLE	51-2IP	☐ Change ☐ Addition
NAME	GRAY, TIMOTHY	X	4.2 NAME		
STREET ADDRESS	1280 NW 97 AENUE		ľ	T ADDRESS	·
CITY-ST-ZIP	PEMBROKE PINES FL	,	4.4 CITY-S		
TITI F	- Circulate Filtra FE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 14. I 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 in phanged, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Addition

☐ Change