

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90094 006 \*\*\*\*61.25

003548

**DOCUMENT # 767860**

1. Entity Name

**WESTVIEW CONDOMINIUM ASSOCIATION NO. NINE, INC.**

Principal Place of Business

3211 N 74TH AVE  
 STE 6  
 HOLLYWOOD FL 33024  
 US

Mailing Address

3211 N 74TH AVE  
 STE 6  
 HOLLYWOOD FL 33024  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2322255**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HORIZON MAINTENANCE SERVICES INC**  
**3211 N 74TH AVE**  
**STE 6**  
**HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SHUKER, MARY S</b> <b>1192 NW 97 AVE</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WELL, AVIS</b> <b>1056 NW 97TH AVE</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TURNER, ELAINE MS.</b> <b>1208 NW. 97TH AVE</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DETHLEFS,</b> <b>1240 NW 97TH AVE</b> <b>PEMBROKE PINES FL 33024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERD, EDWARD</b> <b>1200 NW 97TH AVE</b> <b>PEMBROKE PINES FL 33024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE: *Mary S Shuker* 1/5/01 954 432-0507  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)