

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90153 011 \*\*\*\*61.25

**DOCUMENT # 767860**

1. Entity Name

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

Principal Place of Business

Mailing Address

3211 N 74TH AVE  
 STE 6  
 HOLLYWOOD FL 33024  
 US

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

7. Name and Address of New Registered Agent

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

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

*[Handwritten Signature]*

**1-15-02**

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

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

12. 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 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 with an address, with all other like empowered.

SIGNATURE: *Mary S Shuker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**954 966-1762**

Date Daytime Phone #

CR2E037 (9/01)