### 2005 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

#### **DOCUMENT #767860**

1. Entity Name

WESTVIEW CONDOMINIUM ASSOCIATION NO. NINE, INC.



5618 Hollycal

131V4

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

# **FILED** Mar 14, 2005 8:00 am Secretary of State

03-14-2005 90074 048 \*\*\*\*61.25

HOLLYWOOD, FL 33021

40031303



### DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP

CR2E037 (10/03)

| 4. FEI Number                    | Applied For                       |  |  |  |
|----------------------------------|-----------------------------------|--|--|--|
| 59-2322255                       | Not Applicable                    |  |  |  |
| 5. Certificate of Status Desired | \$8.75 Additional<br>Fee Required |  |  |  |

6. Name and Address of Current Registered Agent

HORIZON MAINTENANCE SERVICES INC 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021

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| 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. I am familiar with, and accept the obligations of registered agent.   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| and obligations of registered aged  |  |  |  |  |  |  |
| SIGNATURE - COAM COAM   |  |  |  |  |  |  |
| Signature printed name of registered figert fact the if applicable. (NOTE: Registered Agent signature required when refinishing)  |  |  |  |  |  |  |
|   |  | 1  |  |  |  |  |
|   | 9. Election Campaign Finan   |  |  |  |  |  |
|   | Due by May 1, 2005 / Trust Fund Contribution.  |  |  |  |  |  |
| 10.   | OFFICERS AND DIRECTORS   |  |  |  |  |  |
| TITLE   | PD   |  |  |  |  |  |
| NAME  | SHUKER, MARY S   |  |  |  |  |  |
| STREET ADDRESS  | 1192 NW 97 AVE   |  |  |  |  |  |
| CITY-ST-ZIP   | PEMBROKE PINES, FL   |  |  |  |  |  |
| TITLE   | TD   |  |  |  |  |  |
| NAME  | WELL, AVIS   |  |  |  |  |  |
| STREET ADDRESS  | 1056 NW 97TH AVE   |  |  |  |  |  |
| CITY-ST-ZIP   | PEMBROKE PINES, FL   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| TITLE   | D  |  |  |  |  |  |
| NAME  | TURNER, ELAINE MS.   |  |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1208 NW. 97TH AVE  | L DO NOT WRITE   |  |  |  |  |
|   | PEMBROKE PINES, FL   | ######################################   |  |  |  |  |
| TITLE   |  | IN THIS SPACE  |  |  |  |  |
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| 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   |  |  |  |  |  |  |
| 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 cath; that I am an officer or director of the corporation or the certain 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   | changed, or on an attachingent with an addless, with all other like en bookered.   |  |  |  |  |  |