
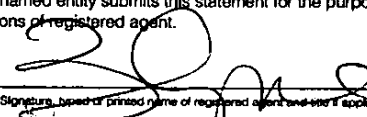
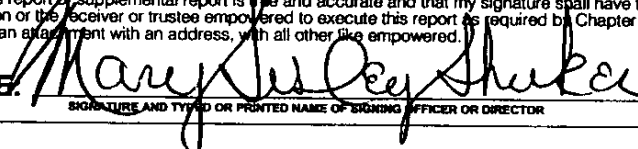


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90178 032 ****61.25

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 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US	
2. Principal Place of Business - No P.O. Box # 1192 NW 97 Ave.		3. Mailing Address 9369 Shenden St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 810	
City & State Pembroke Pines		City & State Cooper City FL	
Zip 33024	Country USA	Zip 33024	Country USA
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. Name and Address of Current Registered Agent HORIZON MAINTENANCE SERVICES INC 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name T.L. Property Service Street Address (P.O. Box Number is Not Acceptable) 7369 Shenden Street Suite 810 City Cooper City FL Zip Code 33024	
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.			
SIGNATURE 		DATE 4-9-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUKER, MARY S 1192 NW 97 AVE PEMBROKE PINES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELL, AVIS 1056 NW 97TH AVE PEMBROKE PINES, FL	<input type="checkbox"/> Delete	D JOAUNE MAZZA 1056 NW 97 AVE Pembroke Pines 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ELAINE MS. 1208 NW 97TH AVE PEMBROKE PINES, FL	<input type="checkbox"/> Delete	D Kathi Wright 1184 NW 97 Ave Pembroke Pines 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAVEY, DEBRA 1136 NW 97 AVE #228 HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOREDORF, JOYCE 1412 NW 97 AVE #262 HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 		DATE 4-24-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	