

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90058 005 ****61.25

DOCUMENT # 767860
 1. Entity Name
WESTVIEW CONDOMINIUM ASSOCIATION NO. NINE, INC.



Principal Place of Business
 1192 NW 97 AVE
 HOLLYWOOD, FL 33024 US

Mailing Address
 9369 SHENDEN ST
 SUITE 810
 COOPER CITY, FL 33024 US

40091511



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01282008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2322255

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TL PROPERTY SERVICE
 9369 SHERIDAN STREET
 SUITE 810
 COOPER CITY, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

1-28-08
 DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VPD SHUKER, MARY S**
 STREET ADDRESS **1192 NW 97 AVE**
 CITY-ST-ZIP **PEMBROKE PINES, FL**

TITLE Change Addition

TITLE Delete
 NAME **TD WELL, AVIS**
 STREET ADDRESS **1056 NW 97TH AVE**
 CITY-ST-ZIP **PEMBROKE PINES, FL**

TITLE Change Addition

TITLE Delete
 NAME **D TURNER, ELAINE MS.**
 STREET ADDRESS **1208 NW. 97TH AVE**
 CITY-ST-ZIP **PEMBROKE PINES, FL**

TITLE Change Addition

TITLE Delete
 NAME **PD HAVEY, DEBRA**
 STREET ADDRESS **1136 NW 97 AVE #228**
 CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE Change Addition

TITLE Delete
 NAME **D HOREDORF, JOYCE**
 STREET ADDRESS **1412 NW 97 AVE #262**
 CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE Change Addition
 NAME **D Kathi Wright**

TITLE Delete
 NAME **D MAZZA, JOANNE**
 STREET ADDRESS **1096 NW 97 AVE**
 CITY-ST-ZIP **PEMBROOKE PINES, FL 33024**

TITLE Change 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:

3/5/08 954432-0507
 Date Daytime Phone #