

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767860

FILED
Jan 19, 2009
Secretary of State

Entity Name: WESTVIEW CONDOMINIUM ASSOCIATION NO. NINE, INC.

Current Principal Place of Business:

1192 NW 97 AVE
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

9369 SHENDEN ST
SUITE 810
COOPER CITY, FL 33024 US

New Mailing Address:

FEI Number: 59-2322255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NORTHWEST 6 WAY
SUITE 103
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SHUKER, MARY S
Address: 1192 NW 97 AVE
City-St-Zip: PEMBROKE PINES, FL

Title: TD () Delete
Name: WELL, AVIS
Address: 1056 NW 97TH AVE
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: TURNER, ELAINE MS.
Address: 1208 NW. 97TH AVE
City-St-Zip: PEMBROKE PINES, FL

Title: PD () Delete
Name: HAVEY, DEBRA
Address: 1136 NW 97 AVE #228
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: WIRGHT, KATHI
Address: 1412 NW 97 AVE #262
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: MAZZA, JOANNE
Address: 1096 NW 97 AVE
City-St-Zip: PEMBROOKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WRIGHT, KATHI
Address: 1412 NW 97 AVE #262
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY SHUKER

Electronic Signature of Signing Officer or Director

P

01/19/2009

Date