


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB 27 AM 11:57

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



Principal Place of Business      Mailing Address  
3211 N 74TH AVE      3211 N 74TH AVE  
STE 6      STE 6  
HOLLYWOOD FL 33024      HOLLYWOOD FL 33024  
US      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**

20004097



8. Name and Address of Current Registered Agent  
**HORIZON MAINTENANCE SERVICES INC**  
3211 N 74TH AVE  
STE 6  
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent  
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: *[Signature]*      DATE: 1/3/02

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700013148747 02/27/03--01017--004      **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*      DATE: 1/7/03      DAYTIME PHONE: 954-432-0507

CR2E037 (10/02)