

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747231

**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**4471058135CC**

**Entity Name:** WESTVIEW CONDOMINIUM ASSOCIATION NO. FOUR, INC.

**Current Principal Place of Business:**

C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET 208  
COOPER CITY, FL 33026

**Current Mailing Address:**

C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET #208  
COOPER CITY, FL 33026 US

**FEI Number:** 59-1995590

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
#C-207  
HOLLYWOOD, FL 33312 US

*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:** SANDRA DEMEO

04/19/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DEMEO, SANDRA  
Address 11011 SHERIDAN STREET  
SUITE 208  
City-State-Zip: COOPER CITY, FL 33026

Title VP  
Name FOWLER, LISA  
Address 11011 SHERIDAN STREET  
208  
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR  
Name TARGIA, WARREN  
Address 11011 SHERIDAN STREET  
SUITE 208  
City-State-Zip: COOPER CITY FL 33026

Title SECRETARY  
Name ALVARDO, FRANCESCA  
Address 11011 SHERIDAN STREET  
SUITE 208  
City-State-Zip: COOPER CITY FL 33026

Title TREASURER  
Name BOGER, TODD E. SR.  
Address 11011 SHERIDAN ST SUITE 208  
City-State-Zip: COOPER CITY FL 33026

*I hereby 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 all other like empowered.*

**SIGNATURE:** SANDRA DEMEO

**PRESIDENT**

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date