

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767860

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

**Current Principal Place of Business:**

8362 PINES BLVD #309  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

8362 PINES BLVD #309  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 59-2322255

**Certificate of Status Desired:** No

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

KAYE & BENDER, P.L.  
1200 PARK CENTRAL SOUTH  
POMPANO BEACH, FL 33064 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VPD  
Name SHUKER, MARY S  
Address 1192 NW 97 AVE  
City-State-Zip: PEMBROKE PINES FL

Title TD  
Name WELL, AVIS  
Address 1056 NW 97TH AVE  
City-State-Zip: PEMBROKE PINES FL

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

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

Title D  
Name WRIGHT, KATHI  
Address 1412 NW 97 AVE #262  
City-State-Zip: HOLLYWOOD FL 33024

Title D  
Name MAZZA, JOANNE  
Address 1096 NW 97 AVE  
City-State-Zip: PEMBROOKE PINES FL 33024

*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:** MARY SHUKER

**PRESIDENT**

**01/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date