

**2023 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&REMBaum PL  
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:** MICHAEL BENDER

01/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            SECRETARY, TREASURER  
Name            TERNER, ELAINE MS.  
Address        1208 NW. 97TH AVE  
City-State-Zip: PEMBROKE PINES FL 33024

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

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

Title            D  
Name            HOCHDORF, JOYCE  
Address        1412 NW 97 AVE  
City-State-Zip: PEMBROKE PINES FL 33024

Title            DIRECTOR  
Name            HIGGINS, MONA  
Address        1240 NW 97 AVE  
City-State-Zip: PEMBROKE PINES FL 33024

Title            DIRECTOR  
Name            BRUGAL, WILSON  
Address        1232 NW 97 AVE  
City-State-Zip: PEMBROKE 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 SISLEY-SHUKER

**PRESIDENT**

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date