

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N21000012817

**Entity Name:** WESTVIEW MASTER PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Oct 23, 2023**  
**Secretary of State**  
**8853555289CC**

**Current Principal Place of Business:**

2600 LAKE LUCIEN DR STE 350  
MAITLAND, FL 32751

**Current Mailing Address:**

2600 LAKE LUCIEN DR STE 350  
MAITLAND, FL 32751

**FEI Number: 87-3503072**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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            PRESIDENT, DIRECTOR  
Name            SCHUSTER, NORA  
Address        2600 LAKE LUCIEN DR STE 350  
City-State-Zip: MAITLAND FL 32751

Title            VP, DIRECTOR  
Name            ISAACS, HEATHER  
Address        2600 LAKE LUCIEN DR STE 350  
City-State-Zip: MAITLAND FL 32751

Title            SECRETARY, TREASURER,  
                    DIRECTOR  
Name            KALIN, JOSHUA  
Address        2600 LAKE LUCIEN DR STE 350  
City-State-Zip: MAITLAND FL 32751

Title            DIRECTOR, VP  
Name            BARR, MICHELLE  
Address        6675 WESTWOOD BLVD, 5TH FLOOR  
City-State-Zip: ORLANDO FL 32821

Title            DIRECTOR  
Name            KRIVAN, LISA  
Address        6675 WESTWOOD BLVD, 5TH FLOOR  
City-State-Zip: ORLANDO FL 32821

*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: NORA SCHUSTER**

**PRESIDENT**

**10/23/2023**

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

\_\_\_\_\_  
Date