

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733249

FILED
Apr 08, 2009
Secretary of State

Entity Name: WESTVIEW LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9200 TAFT ST.
PEMBROKE PINES, FL 330244524

New Principal Place of Business:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325

Current Mailing Address:

7655 NW 50 STREET
MIAMI, FL 33166

New Mailing Address:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325

FEI Number: 59-1630813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNLIMITED PROPERTY MGMT
7655 NW 50 ST.
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 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: HELENIZE GOMES

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DD () Delete
Name: ARRIBAS, JAIME
Address: 8924 PALM TREE LN.
City-St-Zip: HOLLYWOOD, FL 33024

Title: DD () Delete
Name: LEVENSON, ADELE
Address: 2000 S. AVIARY DR.
City-St-Zip: HOLLYWOOD, FL 33026

Title: PD () Delete
Name: DEMEO, SANDY
Address: 9451 NW HCT #219
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD () Delete
Name: ARMENTEROS, CECILIA C
Address: 1520 NW 93RD ST
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DD (X) Change () Addition
Name: LEVINSON, ADELE
Address: 2000 S. AVIARY DR.
City-St-Zip: HOLLYWOOD, FL 33026

Title: PD (X) Change () Addition
Name: DEMEO, SANDRA
Address: 9451 NW HCT #219
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD (X) Change () Addition
Name: ARMENTEROS, CECILIA
Address: 1520 NW 93RD ST
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HELENIZE GOMES

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date