

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741175** (4)

1. Corporation Name

WESTVIEW CONDOMINIUM ASSOCIATION NO. TWO, INC.



Principal Place of Business

Mailing Address

1516 N.W. 90TH WAY
PEMBROKE PINES FL 33024

1516 N.W. 90TH WAY
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified
12/20/1977

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1906743

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLIAKOFF, GARY A
6161 BLUE LAGOON DRIVE
SUITE 250
MIAMI FL 33126**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OPPENHEIMER, EDWARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1502 N.W. 90TH WAY	1.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V RICHMAN, BERNARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9022 NW 14TH COURT	2.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD BUELOW, JEANETTE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9014 NW 14 COURT	3.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD LOU HUARD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9070 TART ST. PEMB. PINES, FL.	4.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	BD GROSS, MICHELLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1802 N.W. 90TH WAY	5.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeanette Buelow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96
Date

Sandra B. Mortham
Secretary/Principal
Daytime Phone

CR2E037 (12/95)