

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741175 (4)
1. Corporation Name
WESTVIEW CONDOMINIUM ASSOCIATION NO. TWO, INC.

Principal Place of Business 1516 N.W. 90TH WAY PEMBROKE PINES FL 33024	Mailing Address 1516 N.W. 90TH WAY PEMBROKE PINES FL 33024-4644
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21 Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/20/1977	3a. Date of Last Report 03/19/1996
4. FEI Number 59-1906743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A
8161 BLUE LAGOON DRIVE
SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OPPENHEIMER, EDWARD	
STREET ADDRESS	1502 N.W. 90TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RICHMAN, BERNARD	
STREET ADDRESS	9022 NW 14TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUELOW, JEANETTE	
STREET ADDRESS	9014 NW 14 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUARD, LOU	
STREET ADDRESS	9070 TAFT ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	BD	<input checked="" type="checkbox"/> DELETE
NAME	GROSS, MICHELLE	
STREET ADDRESS	1602 N.W. 90TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BD. Carol Caffaletto
5.3 STREET ADDRESS	9002 NW 14 Court
5.4 CITY-ST-ZIP	PEmbroke Pines FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Nanai Nault
6.3 STREET ADDRESS	1500 NW 89 Terrace
6.4 CITY-ST-ZIP	PEmbroke Pines FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **4/24/97 954 432 3736**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jeanette BueLOW **Secy. Treas.**
 Date: _____ Daytime Phone # 0023642

CR2E037 (9/96)