FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham :

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#				

Zip

SIGNATURE:

741175

(4)

WESTVIEW CONDOMINIUM ASSOCIATION NO. TWO, INC.

Country

Principal Place of Business	Mailing Address
1516 N.W. 90TH WAY PEMBROKE PINES FL 33024	1516 N.W. 90TH WAY РЕМВРОКЕ PINES FL 33024-4644
Principal Place of Business The Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	Criv & State

28

Zip

FILED
May 13 1997 8:00am
Secretary of State



8. This corporation has liability for Intangible tax under s. 199.032,

3a. Date of Last Report 03/19/1996

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable
\$8.75 Additional

3. Date Incorporated or Qualified 12/20/1977

59-1906743

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

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 and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE	24		25	29	30			Florida Statutes		₽ No		
POLIAKOFF, GARY A 8181 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126 ### City ### Cit			9. Name and Address of Ci	urrent Registered Agent				10. Name and Address of N	ew Registered	Agent		
8161 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126 ### City FL 86 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 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 and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12.						81	Name					
8161 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126 ### City FL 86 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 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 and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12.		POLIAKO)FF. GARY A				Charact	Address (D.O. Bertaller) in No. 4	o o o da bilo)			
SUITE 250 MIAMI FL 33126 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 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, 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 ag						62	82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33126 ### City						83						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the adversary office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent and many applications of Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent digrature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DPD DELETE 11 TITLE OPPENHEIMER, EDWARD 12. SIRRET ADDRESS SIRRET ADDRESS CITY-SI-2IP PEMBROKE PINES FL 14. CITY-SI-2IP TITLE VSD DELETE 21 TITLE VSD DELETE 31 TITLE Change Addit MAN BERNARD BUELOW, JEANETTE SIRRET ADDRESS CITY-SI-2IP PEMBROKE PINES FL 14. CITY-SI-2IP TITLE VSD DELETE 31 TITLE Change Addit ACITY-SI-2IP TITLE TD DELETE 41 TITLE TD												
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 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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11 TITLE PD DELETE 11 TITLE PD DELETE 11 TITLE PD DELETE 12 NAME OPPENHEIMER, EDWARD 1502 N.W. 90TH WAY PEMBROKE PINES FL 14 CITY-ST-ZIP TITLE SOD DELETE 21 TITLE SOD DELETE 21 TITLE SOD DELETE 31 TITLE SOD DELETE 31 TITLE SOD DELETE 31 TITLE SOD DELETE 31 TITLE Change Addit Addit HUARD, LOU 9070 TAFT ST PEMBROKE PINES FL 44 CITY-ST-ZIP TITLE DELETE 17 TITLE 10 Change Addit ACTY-ST-ZIP PEMBROKE PINES FL 44 CITY-ST-ZIP PEMBROKE PINES FL 44 CITY-ST-ZIP TITLE DELETE 31 TITLE DELETE DELETE 31 TITLE DELETE 31 TITLE DELETE DELETE 31 TITLE DELETE DELETE DELETE 31 TITLE DELETE DE		MIAMI FI	L 33126			84	City			85 Zip C	ode	
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Stgrature typed or protect name of registered agent and this if applicable (NOTE: Registered Agent signature required when rainstating) DATE	11.	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.										
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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

Country