


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90292 033 ****61.25

DOCUMENT # 741175

1. Entity 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**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

60110000



01172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1906743

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEST BROWARD COMMUNITY MANAGEMENT
 11530 STATE ROAD 84
 DAVIE, FL 33325**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D ELLIOT, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	9070 TAFT ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE NAME	VP YOUNG, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1566 N.W. 89TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE NAME	S GOLDTIEN, ROBIN	<input type="checkbox"/> Delete
STREET ADDRESS	514 NW 90 WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE NAME	T LUZZ, MURRILLO	<input type="checkbox"/> Delete
STREET ADDRESS	9002 NW 14 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE NAME	D VARONA, DOMINGO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1501 NW 90TH WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CLAYTON BOYD (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1518 NW 90th way	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP LUZ MURILLO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9002 NW 14 CT	
CITY-ST-ZIP	P. PINES, FL 33024	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luz S. Murrillo Luz S. Murrillo 3/2/05 954-435-1041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #