2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

1516 N.W. 90TH WAY PEMBROKE PINES, FL 33024 2. Principal Place of Business - No P.O. Box 9 3. Mailing Address Suite, Apt. 4, etc. O4302008 Cry A State Cry A State Cry A State Cry Country Zip Zip Country Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	WESTVIEW CONDOMINIUM ASSOC INC.	IATION NO. TWO,			03-0	JZ-2008 90182 02	,0 70.		
Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Place of Business 1516 N.W. 90TH WAY PEMBROKE PINES, FL 33024	1516 N.W. 90TH WAY	33024		· .				
City & State Ci	2. Principal Place of Business - No P.O. Box #	3. Mailing Address		<u>: . </u>					
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Above named entry submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and addition the obligations of registered agent. 8. The above named entry 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 addition the obligations of registered agent. 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and addition the obligations of registered agent. 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and addition. 8. The above named entry submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and addition. 8. The above named entry submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and addition. 8. The above named entry 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 addition. 8. The above named entry 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 addition. 8. The Above name and Address of New Registered Agent. 8. The Above name agent. 8. The Above name agent. 9. Election Campaign Financing 10.	City & State	City & State	ity & State						
STRALEY & OTTO, PA 2699 STIRRING ROAD C. 207 FT. LAUDERDALE, FL 33312 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the displacement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the displacement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the displacement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the displacement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to purpose agent, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to purpose agent, and acceptable to produce agent, and acceptable to purpose ag	Zip Country	Zip	Country		5. Certificate of Statu	us Desired 💥			
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	Due by May 1, 2008 10. OFFICERS AND DIRE TITLE DT NAME ELLIOT, CAROL STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 TITLE DS NAME BRANNAN, CONSTANCE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 TITLE DS NAME BRANNAN, CONSTANCE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 TITLE D NAME BRANNAN, CONSTANCE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 TITLE D NAME LUZ, MURRILLO STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 TITLE DVP NAME FREIBERG, LINDA STREET ADDRESS TITLE DVP STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 TITLE DVP NAME FREIBERG, LINDA STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DARA ISUNDALA ISUNDA ISU	Added to Fees DDITIONS/CHANGES NNAN, CON NW 907H BROKE PINE PROKE PINE SCHAVEZ, NW 907H BROKE PINE BROKE PINE SCHAVEZ, NW 907H BROKE PINE BRO	Florida Departico De la Conficienta AND DI DISTANCE WAY ES, FL 3302 WAY ES, FL 33024 KIRIAM WAY ES, FL 33024 KIRIAM WAY ES, FL 33024	treent of St RECTORS IN Change Change Change	10. Addition Addition	
CITY-ST-ZIP COOPER CITY, FL 33026 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	Due by May 1, 2008 10. OFFICERS AND DIRE ITITLE DT NAME ELLIOT, CAROL STREET ADDRESS 9070 TAFT ST CITY-ST-ZIP PEMBROKE PINES, FL 33024 ITILE DS NAME BOYD, CLAYTON STREET ADDRESS 1518 NW 90 WAY CITY-ST-ZIP PEMBROKE PINES, FL 33024 ITILE DS NAME BRANNAN, CONSTANCE STREET ADDRESS 1526 N W 90TH WAY PEMBROKE PINES, FL 33024 ITILE D NAME LUZ, MURRILLO STREET ADDRESS 9002 NW 14 CT CITY-ST-ZIP PEMBROKE PINES, FL 33024 ITILE DVP TITLE DVP FREIBERG, LINDA STREET ADDRESS 1535 N W 90TH WAY FREIBERG, LINDA STREET ADDRESS 1535 N W 90TH WAY PEMBROKE PINES, FL 33024 ITILE DVP FREIBERG, LINDA STREET ADDRESS 1535 N W 90TH WAY PEMBROKE PINES, FL 33024 ITILE DVP FREIBERG, LINDA STREET ADDRESS 1535 N W 90TH WAY PEMBROKE PINES, FL 33024	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DARA ISUNDALA ISUNDA ISU	Added to Fees DDITIONS/CHANGES NNAN, CON NW 907H BROKE PINE PROKE PINE SCHAVEZ, NW 907H BROKE PINE BROKE PINE SCHAVEZ, NW 907H BROKE PINE BRO	Florida Departico De la Conficienta AND DI DISTANCE WAY ES, FL 3302 WAY ES, FL 33024 KIRIAM WAY ES, FL 33024 KIRIAM WAY ES, FL 33024	treent of St RECTORS IN Change Change Change	10. Addition Addition	

Interest certify that the information supplied with this limit does not qualify for the exemptions contained in Chapter 1-9, horize dataties. Interesting 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:

Levenson ADELELEVENSON, PRES.