

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741175

FILED
Apr 29, 2009
Secretary of State

Entity Name: WESTVIEW CONDOMINIUM ASSOCIATION NO. TWO, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1906743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRALEY & OTTO, PA
2699 STIRLING ROAD
C-207
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRANNAN, CONSTANCE
Address: 1526 NW 90THW WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: LUZ, MURRILLO
Address: 9002 NW 14 CT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DP () Delete
Name: LEVENSON, ADELE
Address: 12000 S. AVIARY DRIVE
City-St-Zip: COOPER CITY, FL 33026 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: FRIEBERG, LINDA
Address: 1535 N W 90TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Change (X) Addition
Name: ELLIOT, CAROL
Address: 9070 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Change (X) Addition
Name: LEVENSON, IRWIN
Address: 12000 S AVIARY WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Change (X) Addition
Name: NORI, RAMESH
Address: 1561 N W 90TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ELLIOT

DT

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date