

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90101 021 \*\*\*\*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**

**60003372**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1906743**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLIAKOFF, GARY A  
6161 BLUE LAGOON DRIVE  
SUITE 250  
MIAMI FL 33126**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<b>OPPENHEIMER, EDWARD</b> <input checked="" type="checkbox"/> Delete	TITLE <b>V/D</b>	<b>WILLIAM EDWARDS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1502 N.W. 90TH WAY</b>	NAME	<b>9054 N.W. 14TH COURT</b>
STREET ADDRESS	<b>PEMBROKE PINES FL</b>	STREET ADDRESS	<b>PEMBROKE PINES, FL 33024</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>BD</b>	<b>WRIGHT, CHRISTOPHER</b> <input checked="" type="checkbox"/> Delete	TITLE <b>S/D</b>	<b>BARBRA YOUNG</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>8936 NW 15TH COURT</b>	NAME	<b>1566 N.W. 89TH TERRACE</b>
STREET ADDRESS	<b>PEMBROKE PINES FL</b>	STREET ADDRESS	<b>PEMBROKE PINES, FL 33024</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>VSD</b>	<b>BUELOW, JEANETTE</b> <input type="checkbox"/> Delete	TITLE <b>P/D</b>	<b>JEANETTE BUELOW</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9014 NW 14 COURT</b>	NAME	<b>9014 N.W. 14TH COURT</b>
STREET ADDRESS	<b>PEMBROKE PINES FL</b>	STREET ADDRESS	<b>PEMBROKE PINES, FL 33024</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>TD</b>	<b>ELLIOTT, CAROL</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>9070 TAFT ST</b>	NAME	
STREET ADDRESS	<b>PEMBROKE PINES FL 33024</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>BD</b>	<b>MAGGOO, ANTHONY</b> <input checked="" type="checkbox"/> Delete	TITLE <b>BD</b>	<b>DOMINGO VARONA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1576 NW 90TH WAY</b>	NAME	<b>1501 N.W. 90TH WAY</b>
STREET ADDRESS	<b>PEMBROKE PINES FL</b>	STREET ADDRESS	<b>PEMBROKE PINES, FL 33024</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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: Jeanette Buelow **REQUIRED** 01/06/2003 954-432-3736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR