

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90001 043 \*\*\*\*61.25

**DOCUMENT # 747231**

1. Entity Name  
**WESTVIEW CONDOMINIUM ASSOCIATION NO. FOUR, INC.**



Principal Place of Business  
**15951 SW 41ST STREET  
#150  
DAVIE, FL 33331**

Mailing Address  
**15951 SW 41ST STREET  
#150  
DAVIE, FL 33331**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**13460 SW 10th Street 13460 SW 10th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 101**

**Suite 101**

City & State

City & State

**Pembroke Pines, FL Pembroke Pines, FL**

Zip

Country

Zip

Country

**33027**

**US**

**33027**

**US**

03292007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-1995590**

Applied For

Not Applicable

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

**DAVIS, CHARLES W  
C/O PRIME MANAGEMENT  
13460 SW 10 ST., #101  
PEMBROKE PINES, FL 33027**

Name

**Sandy Demeo**

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

**9451 NW 14 Ct. #219**

City

**Pembroke Pines**

FL

Zip Code

**33024**

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

**Charles W. Davis**

**Reg. Agt.**

**4/4/07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **PT** ☐ Delete  
NAME **DEMEO, SANDY**  
STREET ADDRESS **9451 NW 14 CT, #219**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **SD** ☐ Delete  
NAME **JUSTICE, DANIEL**  
STREET ADDRESS **9401 NW 14TH COURT**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **D** ☐ Delete  
NAME **TARGIA, WARREN**  
STREET ADDRESS **1491 NW 95 TERR., #201**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **S** ☐ Delete  
NAME **TRUEBA, VIVIANNE**  
STREET ADDRESS **1481 NE 94 AVE**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **T** ☒ Delete  
NAME **ROJAS, WILLIAM**  
STREET ADDRESS **9471 NW 14 COURT**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **5th Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Robert Green**  
STREET ADDRESS **9401 NW 14th Court #215**  
CITY-ST-ZIP **Pembroke Pines, FL 33024**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.

SIGNATURE:

**Sandra Demeo**

**4/4/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #