

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

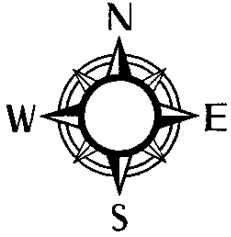
FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90146020 ****61.25

40048957



DOCUMENT # 747784					
1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. FIVE, INC.					
Principal Place of Business C/O DCI 2035 HARDING STREET, STE. 200 HOLLYWOOD, FL 33020			Mailing Address C/O DCI 2035 HARDING STREET, STE. 200 HOLLYWOOD, FL 33020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DCI ASSOCIATION SERVICES 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARMENTEROS, CECILIA		NAME		
STREET ADDRESS	1520 NW 93RD AVE.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ANNILEE		NAME	Secretary	
STREET ADDRESS	1590 NW 94 TERRACE, #061		STREET ADDRESS	Riviera, Ray	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	9361 NW 15 Court, Lot 022	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAGASTUME, CATHERINE		NAME	Treasurer	
STREET ADDRESS	1570 NW 94 TERRACE, #059		STREET ADDRESS	Sagastume, Catherine	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	1570 NW 94 Terrace	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTILLO, BETRIZ		NAME		
STREET ADDRESS	9231 NW 15 CT, #002		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		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		
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		
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 like empowered.					
SIGNATURE:			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT 40048957
WESTVIEW CONDOMINIUM ASSOCIATION NO. FIVE, INC.

April 11, 2006

Department Of State
Division Of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Westview Condominium Association #5 Inc. - Document # 747784

Dear Sirs:

Enclosed is 2006 Not-For-Profit Corporation Annual Report for the above mentioned Association, along with check # 1602 in the amount of \$61.25 and made payable to Department of State.

Thank You.

Sincerely,
DCI ASSOCIATION SERVICES
Managing Agent For:
WESTVIEW CONDOMINIUM ASSOCIATION NO. FIVE

Joanne Willoughby
COMMUNITY ASSOCIATION MANAGER

/dlh

Encl: Check # 1602- \$61.25