
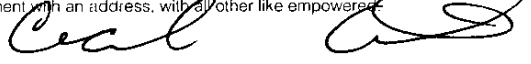


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90003 009 ****61.25

| | | | | | |
|---|--------------------------|--|--|---|-----------------------------------|
| 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 - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 59-1998821 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 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 _____ (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. <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 | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RIVIERA, RAY | | NAME | | |
| STREET ADDRESS | 9361 NW 15 CT, LOT 022 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33024 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SAGASTUME, CATHERINE | | NAME | | |
| STREET ADDRESS | 1570 NW 94 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33024 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" 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 empowerments. | | | | | |
| SIGNATURE:  | | | Date: _____ | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |
| Cecilia Armenteros. | | | (954) 319-4254 | | |