


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90042 005 ****61.25

DOCUMENT # 747784

1. Entity Name
WESTVIEW CONDOMINIUM ASSOCIATION NO. FIVE, INC.



Principal Place of Business **TRINITY MANAGEMENT SOLUTIONS**
~~170 001~~ 2035 HARDING STREET, STE. 200
 HOLLYWOOD, FL 33020

Mailing Address
549 SAWGRASS CORP PARKWAY
SUNRISE FL 33325



2. Principal Place of Business - No P.O. Box #
cto Trinity Management, Inc.

3. Mailing Address
cto Trinity Management, Inc.

Suite, Apt. #, etc.
549 Sawgrass Corporate Pky

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549 Sawgrass Corporate Pky

City & State
Sunrise, FL

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Sunrise, FL

02082008 Chg-NP CR2E037 (12/08)

4. FEI Number
59-1998821

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DCI ASSOCIATION SERVICES
2035 HARDING STREET
SUITE 208
HOLLYWOOD, FL 33020

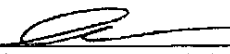
7. Name and Address of New Registered Agent

Name
Straley & Otto, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2149 Stirling Road, Suite C. 207

City
Fort Lauderdale **FL** Zip Code
33312

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 Otto Esq.** DATE **2/8/08**

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, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

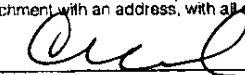
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	ARMENTEROS, CECILIA	1520 NW 93RD AVE.	PEMBROKE PINES, FL 33024	<input type="checkbox"/>
	RIVERA, RAY	9361 NW 15 ST, LOT 022	PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/>
T	SAGASTUME, CATHERINE	1570 NW 94 TERRACE	PEMBROKE PINES, FL 33024	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D Wilson, Tom	9381 NW 15 Court	Pembroke Pines, FL 33024	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D Gu-Azaceta, Mercedes	9251 NW 15 Court	Pembroke Pines, FL 33024	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **2/19/08** Daytime Phone # **954-332-6861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #