

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747784

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

C/O TRINITY MGMT., INC
549 SAWGRASS CORP. PKWY
FORT LAUDERDALE, FL 33325

New Principal Place of Business:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORP. PKWY
SUNRISE, FL 33325

Current Mailing Address:

C/O TRINITY MGMT., INC
549 SAWGRASS CORP. PKWY
FORT LAUDERDALE, FL 33325

New Mailing Address:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORP. PKWY
SUNRISE, FL 33325

FEI Number: 59-1998821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRALEY & OTTO, PA
2699 STIRLING RD STE C-207
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORP. PKWY
SUNRISE, FL 33325 US

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.

SIGNATURE: HELENIZE GOMES

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARMENTEROS, CECILIA
Address: 1520 NW 93RD AVE.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: WILSON, TOM
Address: 9381 NW 15 CT
City-St-Zip: HOLLYWOOD, FL 33024

Title: T () Delete
Name: SAGASTUME, CATHERINE
Address: 1570 NW 94 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Delete
Name: GOU-AZACCTA, MERCEDES
Address: 9251 NW 15 CT
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AZACETA, MERCEDES
Address: 9251 NW 15 CT
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENIZE GOMES

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date