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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754135 (2)
1. Corporation Name
WESTVIEW CONDOMINIUM ASSOCIATION NO. EIGHT, INC.

Principal Place of Business Mailing Address
9800 NW 13TH STREET PEMBROKE PINES FL 33024 **9800 NW 13TH STREET PEMBROKE PINES FL 33024**

2. Principal Place of Business 2a. Mailing Address
21 **9000 SHERIDAN ST** 26 **9000 SHERIDAN ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **STE 146** 27 **STE 146**
City & State City & State
23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1980** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2072945** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GREENHILL, RICHARD
9000 SHERIDAN ST
#146
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name **CONDO ACCOUNTING INC**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE *Richard Greenhill* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SCHINDLER, SANDRA
STREET ADDRESS	9876 NW 15TH ST
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	PD
NAME	RODRIGUEZ, GILBERT
STREET ADDRESS	9889 NW 14 CT
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D
NAME	OMAR, ZEGARG
STREET ADDRESS	1273 NW 98 TERR
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	VD
NAME	CANN, JAMES
STREET ADDRESS	8885 N.W. 14TH CT.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Mathen* 4/19/95 305 437 9200
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #