

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **9000 SHERIDAN STREET STE 146 PEMBROKE PINES FL 33024 US**
Mailing Address: **9000 SHERIDAN STREET STE 146 PEMBROKE PINES FL 33024 US**

3. Date Incorporated or Qualified: **09/11/1980**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: **59-2072945**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
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 (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE: SD	NAME: SCHINDLER, SANDRA	1.1 TITLE: D	1.2 NAME: EDWARD AIRS
STREET ADDRESS: 9876 NW 15TH ST	CITY-ST-ZIP: PEMBROKE PINES FL	1.3 STREET ADDRESS: 1201 NW 98 TERR	1.4 CITY-ST-ZIP: PEMBROKE PINES, FL 33024
TITLE: PD	NAME: RODRIGUEZ, GILBERT	2.1 TITLE: D	2.2 NAME: JOAN DESENA
STREET ADDRESS: 9889 NW 14 CT	CITY-ST-ZIP: PEMBROKE PINES FL	2.3 STREET ADDRESS: 1176 NW 98 TERR	2.4 CITY-ST-ZIP: PEMBROKE PINES, FL 33024
TITLE: D	NAME: OMAR, ZEGAIRG	3.1 TITLE: D	3.2 NAME: ROLO ANZALDO
STREET ADDRESS: 1273 NW 98 TERR	CITY-ST-ZIP: PEMBROKE PINES FL	3.3 STREET ADDRESS: 9871 NW 13 STREET	3.4 CITY-ST-ZIP: PEMBROKE PINES, FL 33024
TITLE: PD	NAME: CANN, JAMES	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 9895 N.W. 14TH CT.	CITY-ST-ZIP: PEMBROKE PINES FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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 119.07(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, unchanged, or on an attachment with an address.

SIGNATURE: *James Cann* **JAMES CANN** (954) 437-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)