


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 | | Mailing Address | |
| 9000 SHERIDAN STREET STE 146 PEMBROKE PINES FL 33024 US | | 9000 SHERIDAN STREET STE 146 PEMBROKE PINES FL 33024 US | |
| 2. Principal Place of Business | 2a. Mailing Address | 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 22 | 27 |
| City & State | City & State | 23 | 28 |
| Zip | Country | 24 | 25 |
| | | 29 | 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 09/11/1980 |
| 4. FEI Number | 59-2072945 |
| Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 BROADWAY MGMT
82 Street Address (P.O. Box Number is Not Acceptable) 18733 NW 28 ST
83
84 City PEMBROKE PINES FL 85 Zip Code 33029

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 of 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 *Anne Duris* ANNE DURIS - MANAGER DATE 4/8/98

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DESENA, JOAN | |
| STREET ADDRESS | 1176 NW 98 TERRACE | |
| CITY - ST - ZIP | PEMBROKE PINES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ANZALDO, ROCCO | |
| STREET ADDRESS | 9871 NW 13 STREET | |
| CITY - ST - ZIP | PEMBROKE PINES FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CANN, JAMES | |
| STREET ADDRESS | 9895 N.W. 14TH CT. | |
| CITY - ST - ZIP | PEMBROKE PINES FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TAYLOR, DAVID | |
| STREET ADDRESS | 1289 NW 98 TER | |
| CITY - ST - ZIP | PEMBROKE PINES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SALLY GUARINO | |
| STREET ADDRESS | 1168 NW 98 TERR | |
| CITY - ST - ZIP | PEMBROKE PINES, FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MYRON WEINER | |
| STREET ADDRESS | 1381 NW 99 AVE | |
| CITY - ST - ZIP | PEMBROKE PINES FL | |

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 | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rocco A. Anzaldo* 4/5/98 954-431-5184

CR2E037 (10/97)