

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

**Apr 29, 2002 8:00 am
Secretary of State**

04-29-2002 90152 012 ****61.25

DOCUMENT # 754135

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

Principal Place of Business Mailing Address
C/O BROADWAY MGMT. C/O BROADWAY MGMT.
18733 NW 23RD ST 18733 NW 23RD ST
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
HANDMARK MGMT SVCS
Suite, Apt. #, etc. **12323 SW 55 ST - S-100Y**
City & State **COOPER CITY, FL**
Zip **33330** Country **USA**

3. Mailing Address
Suite, Apt. #, etc. **SAME**
City & State
Zip Country

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

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

6. Name and Address of Current Registered Agent
KAYE & ROGER
6261 NW 6TH WAY
#103
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
Name **HANDMARK MANAGEMENT SERVICES**
Street Address (P. O. Box Number is Not Acceptable) **11373 SW 55 ST - SUITE 100Y**
City **COOPER CITY** FL Zip Code **33330**

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.
SIGNATURE *[Signature]* DATE **3/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESENA, JOAN 1176 NW 98 TERRACE PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANZALDO, ROCCO 9871 NW 13 STREET PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANN, JAMES 9895 N.W. 14TH CT. PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUARINO, SALLY 1168 NW 98TH TERRACE PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, MYRON 1381 NW 99TH AVE PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADD RAY ODOM 9894 NW 14TH CT PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARK MEIKLE 1079 NW 98 TERRACE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THERESA KATHI THARP 9890 NW 10TH STREET PEMBROKE PINES, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SERGIO BAI 1136 NW 98TH TERRACE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA GOND 1104 NW 98TH TERRACE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANNE R. HARRIS 1097 NW 98TH TERRACE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: *[Signature]* DATE **3/25/02** DAYTIME PHONE # **954-357-4765**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)