


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90735 046 ****61.25

DOCUMENT # 754135					
1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. EIGHT, INC.					
Principal Place of Business LANDMARK MGMT SERVICES 12323 SW 55 ST. STE 1002 COOPER CITY, FL 33330 US		Mailing Address 12323 SW 55 ST. STE 1002 COOPER CITY, FL 33330 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2072945	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANDMARK MANAGEMENT SERVICES 12323 SW 55 ST. SUITE 1002 COOPER CITY, FL 33330			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THARP, THERESA K		NAME		
STREET ADDRESS	9890 NW 10TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANN, JAMES		NAME	PP CANN, JAMES	
STREET ADDRESS	9895 NW 14TH CT.		STREET ADDRESS	9891 NW 14 CT	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALL, SERGIO		NAME		
STREET ADDRESS	1136 NW 98TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLD, LINDA		NAME		
STREET ADDRESS	1104 NW 98TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, DIANE R		NAME		
STREET ADDRESS	1097 NW 98TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>James Cann</i>			Date: <i>4/28/04</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		