


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90010 019 \*\*\*\*61.25

<b>DOCUMENT # 754135</b>					
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		4. FEI Number 59-2072945	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDMARK MANAGEMENT SERVICES 12323 SW 55 ST. SUITE 1002 COOPER CITY, FL 33330			7. Name and Address of New Registered Agent Name <u>Empress Property Mgmt.</u> Street Address (P.O. Box Number is Not Acceptable) <u>775 S.W. 8 St.</u> <u>Ste. 212</u> City <u>MIAMI</u> FL Zip Code <u>33144</u>		
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 <u>Alice Elshaneck</u> DATE <u>3/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THARP, THERESA K		NAME	Linda Gold	
STREET ADDRESS	9890 NW 10TH ST.		STREET ADDRESS	1104 NW 98 Terr	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANN, JAMES		NAME	Sherry Deutsch	
STREET ADDRESS	9891 NW 14 CT		STREET ADDRESS	9840 NW 10 ST	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALL, SERGIO		NAME	Lisa Tamburello	
STREET ADDRESS	1136 NW 98TH TERRACE		STREET ADDRESS	9816 N.W. 15 St.	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLD, LINDA		NAME	Eric R. Stanley	
STREET ADDRESS	1104 NW 98TH TERRACE		STREET ADDRESS	9831 N.W. 13 St	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, DIANE R		NAME	Carlos Distefana-Diaz	
STREET ADDRESS	1097 NW 98TH TERRACE		STREET ADDRESS	9820 N.W. 10 St.	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Pembroke Pines, FL	<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: <u>Linda Gold - President</u>			Date: <u>3/14/05</u>		Daytime Phone #: <u>(786) 388-0257</u>