


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90033 021 ****61.25

DOCUMENT # 754135

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



Principal Place of Business
MAXIMUM MANAGEMENT
7301 W SUNRISE BLVD
PLANTATION, FL 33313 US

Mailing Address
MAXIMUM MANAGEMENT
7301 W SUNRISE BLVD
PLANTATION, FL 33313 US

60016356



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01032006 Chg-NP CR2E037 (11/05)

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

ROBERT KAYE & ASSOCIATES PA
6261 NW 6TH WAY
SUITE 103
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLD, LINDA	
STREET ADDRESS	1104 NE 98 TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	DEUTSCH, SHERRY	
STREET ADDRESS	9840 NW 10 ST	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAMBURELLO, LISA	
STREET ADDRESS	9816 NW 15 ST	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, ERIC R	
STREET ADDRESS	9831 NW 13 ST	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	DISTEFANA-DIAZ, CARLOS	
STREET ADDRESS	9820 NW 10 ST	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Linda Gold* **2/13/06** **954-797-7511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #