

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90168 006 \*\*\*\*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**

40080045



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

02222007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

City & State

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

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT, HOBART**  
**7301 W. SUNRISE BOULEVARD**  
**PLANTATION, FL 33313**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  Delete  
 NAME **PRES**  
 STREET ADDRESS **GOLD, LINDA**  
 CITY-ST-ZIP **1104 NE 98 TERR**  
**PEMBROKE PINES, FL 33024**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TRES**  
 STREET ADDRESS **DEUTSCH, SHERRY**  
 CITY-ST-ZIP **9840 NW 10 ST**  
**PEMBROKE PINES, FL 33024**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DIR**  
 STREET ADDRESS **LAUMEYER, JOHN**  
 CITY-ST-ZIP **9860 NW 15 ST**  
**PEMBROKE PINES, FL 33024**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SEC**  
 STREET ADDRESS **STANLEY, ERIC R**  
 CITY-ST-ZIP **9831 NW 13 ST**  
**PEMBROKE PINES, FL 33024**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 **LINDA GOLD** **4/19/07** **954-431-7287**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #