

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90140 050 ****61.25

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DOCUMENT # 754135

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



Principal Place of Business
**LANDMARK MGMT SERVICES
12323 SW 55 ST. STE 1001
COOPER CITY FL 33330
US**

Mailing Address
**LANDMARK MGMT SERVICES
12323 SW 55 ST. STE 1001
COOPER CITY FL 33330
US**

2. Principal Place of Business
Suite, Apt. #, etc.
17373 SW 55 ST - STE 1002
City & State

3. Mailing Address
Suite, Apt. #, etc.
**17373 SW 55 ST
SUITE 1002**
City & State



CHECK HERE IF MAKING CHANGES

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
**LANDMARK MANAGEMENT SERVICES
12323 SW 55 ST. SUITE 1001
COOPER CITY FL 33330**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
**17373 SW 55 ST
SUITE 1002**

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)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD MEIKLE, MARK 1049 NW 98 TERRACE PEMBROOKE PINES FL 33024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THARP, THERESA K 9890 NW 10TH ST. PEMBROOKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANN, JAMES 9895 N.W. 14TH CT. PEMBROOKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALL, SERGIO 1136 NW 98TH TERRACE PEMBROOKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOND, LINDA 1104 NW 98TH TERRACE PEMBROOKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DIANE R 1097 NW 98TH TERRACE PEMBROOKE PINES FL 33024	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bond, Linda 1104 NW 98th Terrace Pembroke Pines 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-4-03** Daytime Phone # **9546809145**

CR2E037 (4/03)