FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755238 (3)

1. Corporation Name
VIEW WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SOUTH FLORIDA MANAGEMENT 9990 SW 77TH AVE STE 330 MIAMI FL 33156	C/O SOUTH FLORIDA MANAGEMENT 9990 SW 77TH AVE STE 330 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2238560 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HATTENBACH, JAMES
SOUTH FLORIDA MANAGEMENT SERVICES
~~9990 SW 77TH AVE STE 330~~ xx
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Same Agent - Change of Address Only
82 Street Address (P.O. Box Number is Not Acceptable): 13200 S.W. 128th Street, Suite D-1
83
84 City: Miami FL 85 Zip Code: 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, GLENNA	1.2 NAME	
STREET ADDRESS	15655 SW 82 CIRCLE LN #516	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V/D ☒ Change ☒ Addition
NAME	BERK, JOHNATHAN	2.2 NAME	Rodulfo Caveda
STREET ADDRESS	15690 SW 82 CIRCLE LN #99	2.3 STREET ADDRESS	15685 S.W. 82nd Circle Lane 2-9
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33193
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BELZ, DOROTHEA	3.2 NAME	
STREET ADDRESS	15680 SW 82 CIRCLE LN #8-14	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	S/D ☒ Change ☒ Addition
NAME	EIKENBERRY, SANDRA	4.2 NAME	Diane Grovel
STREET ADDRESS	290 SW 97 TERRACE	4.3 STREET ADDRESS	15690 S.W. 82nd Circle Lane 9 -7
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	Miami, Florida 33193
TITLE	D	5.1 TITLE	☒ Change ☒ Addition
NAME	STEVENS, TOM	5.2 NAME	D
STREET ADDRESS	15695 SW 82 CIRCLE LN #1-8	5.3 STREET ADDRESS	Teresa De La Barra
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	15680 S.W. 82nd Circle Lane Miami, FL 33193
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Hello Iglesias
STREET ADDRESS		6.3 STREET ADDRESS	15690 S.W. 82nd Circle Lane #9-9
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, Florida 33193

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenna Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008550