SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 27 1998 8:00am
Secretary of State

DOCUMENT # 755238 (3)

1. Corporation Name
VIEW WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15680 SW 82ND CIRCLE LANE MIAMI FL 33193	15680 SW 82ND CIRCLE LANE MIAMI FL 33193

3. Date Incorporated or Qualified: 11/24/1980

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 9360 Sunset Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 287
23 City & State	28 City & State Miami, Fl
24 Zip / 25 Country	29 Zip 33173 / 30 Country

9. Name and Address of Current Registered Agent

RAMIREZ, DELILAH
15685 SW 82 CIRCLE LANE #4-16
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Dorothea Belz 7/12/98
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/V-P	☐ DELETE	1.1 TITLE	D/S	☐ Change ☑ Addition
NAME	DE LA BARRA, TERESA		1.2 NAME	Ramirez, Delilah	
STREET ADDRESS	15680 SW 82ND CIRCLE LANE		1.3 STREET ADDRESS	15665 S.W 82 circle Lane # 4-16	
CITY-ST-ZIP	MIAMI FL 33193		1.4 CITY-ST-ZIP	Miami, Fl 33193	
TITLE	D/T	☐ DELETE	2.1 TITLE	D/P	☐ Change ☑ Addition
NAME	ARIAS, GAIL		2.2 NAME	Belz, Dorothea	
STREET ADDRESS	15675 SW 82 CIRCLE LN		2.3 STREET ADDRESS	15680 S.W 82 circle Lane # 8-14	
CITY-ST-ZIP	MIAMI FL 33193		2.4 CITY-ST-ZIP	Miami, Fl 33193	
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	PINEY, ANGIE		3.2 NAME	Lopez, Wendy	
STREET ADDRESS	15690 SW 82 CIRCLE LN		3.3 STREET ADDRESS	15685 S.W 82 circle Lane # 2-2	
CITY-ST-ZIP	MIAMI FL 33193		3.4 CITY-ST-ZIP	Miami, Fl 33193	
TITLE	SD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GROVEL, DIANE		4.2 NAME		
STREET ADDRESS	15690 SW 82ND CIRCLE, LANE 9-7		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DE LA BARRA, TERESA		5.2 NAME		
STREET ADDRESS	15680 SW 82ND CIRCLE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	IGLESIAS, HELLO		6.2 NAME	100002602351	
STREET ADDRESS	15690 SW 82ND CIRCLE LANE, #9-9		6.3 STREET ADDRESS	-07/30/98--01017--006	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	***61.25	

PE 7.27

CR2E037 (5/98)

14. 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 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: Dorothea E. Belz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #