

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # C94000000009

1. Corporation Name

WESTVIEW COUNTRY CLUB

Principal Place of Business

2601 N.W. 119TH ST.  
MIAMI FL 33167

Mailing Address

2601 N.W. 119TH ST.  
MIAMI FL 33167

FILED  
Aug 09, 1999 8:00 am  
Secretary of State

08-09-1999 90003 019 \*\*\*\*70.00



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/24/1947

4. FEI Number

59-0585738

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

9. Name and Address of Current Registered Agent

ARKIN, L. JULES  
1111 LINCOLN RD.  
SUITE 500  
MIAMI BEACH FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MAYER, BUDD  
STREET ADDRESS 2601 N.W. 119TH STREET  
CITY-ST-ZIP MIAMI FL 33167

TITLE V ☐ DELETE

NAME GOLD, MARK  
STREET ADDRESS 2601 N.W. 119TH ST.  
CITY-ST-ZIP MIAMI FL 33167

TITLE FV ☐ DELETE

NAME ROSEN, ARNOLD  
STREET ADDRESS 2601 N.W. 119TH ST.  
CITY-ST-ZIP MIAMI FL 33167

TITLE SV ☐ DELETE

NAME BLUMENTHAL, JEFFREY DR  
STREET ADDRESS 2601 N.W. 119TH ST.  
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ DELETE

NAME CUMMINGS, PAUL  
STREET ADDRESS 2601 N.W. 119TH ST.  
CITY-ST-ZIP MIAMI FL 33167

TITLE T ☐ DELETE

NAME TAVLIN, BETH  
STREET ADDRESS 2601 N.W. 119TH ST.  
CITY-ST-ZIP MIAMI FL 33167

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/02/99

CR2E037 (5/99)