


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N03387 1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1320 ADINGTON CAMPS LAKE FOREST, IL 60045	Mailing Address 1320 ADINGTON CAMPS LAKE FOREST, IL 60045
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04222004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2531100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CIRRINCIONE, THOMAS  
 4820 SW 29TH AVENUE  
 CAPE CORAL, FL 33914

**DO NOT WRITE IN THIS SPACE**

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)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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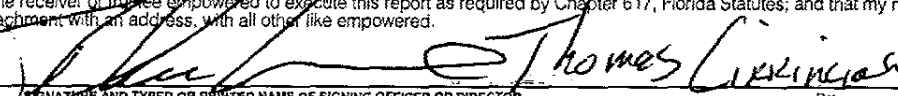
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	POD CIRRINCIONE, THOMAS A 1320 ABINGTON CAMBS LAKE FOREST, FL 60045
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CIRRINCIONE, CATHERINE 1320 ABINGTON CAMBS LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CIRRINCIONE, BENJAMIN 1320 ABINGTON CAMBS LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000150506  
 05/04/04-80008-023 61.25

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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:  **Thomas Cirrincione** <sup>4/27/04</sup>  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <sup>847-758-1350</sup>  
Date Daytime Phone #