2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N03387

1. Entity Name
WESTVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4491 BROADWAY AVENUE WEST ESTERO, FL 33928 US	4491 BROADWAY AVENUE WEST ESTERO, FL 33928 US

DO NOT WRITE IN THIS SPACE

01112007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2531100	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AZIS, LEON R
4491 BROADWAY AVENUE WEST
ESTERO, FL 33928

**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 _____

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

**Filing Fee is $61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	LEON, AZIS R
STREET ADDRESS	4491 BROADWAY AVENUE WEST
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

U00000586645
01/17/07-80001-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____Leon Ayi_____ Leon Azis_____ 1/10/07   239-947-1889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #