√2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # N9600005290 1. Entity Name WESTVIEW VILLAS-I CONDOMINIUM ASSOCIATION, INC.				02-25-2008 90037 004 ****61.25				
INC.				7				
Principal Plac 2200 NW 10 SUITE 5 MIAMI, FL 33	2 AVE	Mailing Address 2200 NW 102 AVE SUITE 5 MIAMI, FL 33172 US			· ,	IIII BBIN BBIBL ZIIIS IIB18 I	5111 SE111SF & 1521	
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	ailing Address					
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	iuite, Apt. #, etc.		ng-NP	CR2E037 (12/	06)	
City & State C		City & State	ity & State		9		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New	Registered Agent	· · · · · · · · · · · · · · · · · · ·	
SPM GROUP INC			Name	Name				
2200 NW 1 SUITE 5			Street Address		(P.O. Box Number is Not Acceptable)			
MIAMI, FL	33172							
·			City			FL Zip	Code	
	named entity submits this statement for	or the purpose of changing its reg	istered office or regis	tered agent, or both, in	the State of F	iorida. I am familiar	with, and accept	
1								
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: Re	gistered Agent signature requi	red when reinstaling)		DATE		
SIGNATURE	_							
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees		DATE Make check payal orida Department		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be	Flo	Make check payal orida Department	of State	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-444-6757

Daytime Phone #