

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003205

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: WESTVIEW VILLAS-II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7020 WEST 35 AVENUE  
115  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4354  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number: 65-0846030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOHUIZ, MAIRA  
7020 WEST 35 AVENUE  
115  
HIALEAH, FL 33018 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: LOHUIZ, MAIRA  
Address: 7020 W 35 AVE 115  
City-St-Zip: HIALEAH, FL 33018

Title: VP ( ) Delete  
Name: FAEDO, ENGELBERTO  
Address: 7020 W 35 AVE 116  
City-St-Zip: HIALEAH, FL 33018

Title: D ( ) Delete  
Name: HERNANDEZ, GLADYS C  
Address: 7020 W 35 AVE 118  
City-St-Zip: HIALEAH, FL 33018

Title: S ( ) Delete  
Name: AVERHOFF, IBIS  
Address: 7020 W 35 AVE 121  
City-St-Zip: HIALEAH, FL 33018

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOFILL, ISAAC  
Address: 7020 W 35 AVE 117  
City-St-Zip: HIALEAH, FL 33018

Title: VP (X) Change ( ) Addition  
Name: FUENTES, EDUARDO  
Address: 7020 W 35 AVE 120  
City-St-Zip: HIALEAH, FL 33018

Title: T (X) Change ( ) Addition  
Name: LOHUIZ, MAIRA  
Address: 7020 W 35 AVE 115  
City-St-Zip: HIALEAH, FL 33018

Title: D (X) Change ( ) Addition  
Name: MICHAEL, JIMENEZ  
Address: 7020 W 35 AVE 109  
City-St-Zip: HIALEAH, FL 33018

Title: S ( ) Change (X) Addition  
Name: HERNANDEZ, GLADYS C  
Address: 7020 W 35 AVE 118  
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAIRA LOHUIZ

T

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date