

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

**APPROVED AND FILED**

95 APR 18 PM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # N00644 (7)**

1. Corporation Name  
**WESTVIEW CONDOMINIUM ASSOCIATION NO. TEN, INC.**

Principal Place of Business Mailing Address

**9774 NW 15TH STREET PEMBROKE PINES FL 33024**      **9774 NW 15TH STREET PEMBROKE PINES FL 33024**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/28/1983** 3a. Date of Last Report **04/15/1994**

4. FEI Number **59-2377061** 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**

7. Nonprofit with IFS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**ZACHARIA, BONITA**  
**9724 N. W. 15 STREET**  
**PEMBROKE PINES FL 33024**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>NUSSBAUM, ELLEN</b>
STREET ADDRESS	<b>1484 NW 97 TERRACE</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>STD</b>
NAME	<b>BARNARD, PENNY</b>
STREET ADDRESS	<b>1448 NW 97TH TERRACE</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>D</b>
NAME	<b>MCCULLEN, MICHAEL</b>
STREET ADDRESS	<b>1482 NW 97 TERRACE</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>D</b>
NAME	<b>CABEZA, MARLYN</b>
STREET ADDRESS	<b>1472 N. W. 97 TERRACE</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>FENNIK, CHERYL D</b>
1.3 STREET ADDRESS	<b>9760 N.W. 15 ST.</b>
1.4 CITY - ST - ZIP	<b>PEMBROKE PINES, FL 33024</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DUYS, DODIE D</b>
2.3 STREET ADDRESS	<b>1352 N.W. 97TH TERRACE</b>
2.4 CITY - ST - ZIP	<b>PEMBROKE PINES, FL 33024</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Penney Barnard* **4/11/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date Daytime Phone #