

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N00644** (7)

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



Principal Place of Business: **9774 NW 15TH STREET, PEMBROKE PINES FL 33024**
Mailing Address: **9774 NW 15TH STREET, PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified: **12/28/1983**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2377061**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Country: **29** Zip: **30**

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: PENNY BARNARD
82 Street Address (P.O. Box Number is Not Acceptable): 1448 N.W. 97 TERRACE
83
84 City: PEMBROKE PINES, FL 85 Zip Code: 33024**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 617.0509, Florida Statutes.

SIGNATURE: *Penny Barnard* DATE: **3/22/96**
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FENNICK, CHERYL	
STREET ADDRESS	9760 NW 15 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUYS, DODIE	
STREET ADDRESS	1352 NW 9TH TER	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCULLEN, MICHAEL	
STREET ADDRESS	1482 NW 97 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CABEZA, MARILYN	
STREET ADDRESS	1472 N. W. 97 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	PENNY BARNARD		
1.3 STREET ADDRESS	1448 N.W. 97 TERRACE		
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33024		
2.1 TITLE	D/P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ELLEN NUSSBAUM		
2.3 STREET ADDRESS	1464 N.W. 97 TERRACE		
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33024		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *ELLEN NUSSBAUM* DATE: **3/25/96** (954) 936-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)