

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 04 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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 9774 NW 15TH STREET
 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1983
 3a. Date of Last Report 03/28/1996
 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
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Cecilia Van Scott
 82 Street Address (P.O. Box Number is Not Acceptable) 9724 NW 15 Street
 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 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 617.0503, Florida Statutes.

SIGNATURE X Cecilia Van Scott Cecilia Van Scott 7/29/97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME OS BARNARD, PENNY
 STREET ADDRESS 1448 NW 97 TERR
 CITY-ST-ZIP PEMBROKE PINES FL
 TITLE DELETE
 NAME D DUYS, DODIE
 STREET ADDRESS 1352 NW 9TH TER
 CITY-ST-ZIP PEMBROKE PINES FL
 TITLE DELETE
 NAME D MCCULLEN, MICHAEL
 STREET ADDRESS 1482 NW 97 TERRACE
 CITY-ST-ZIP PEMBROKE PINES FL
 TITLE DELETE
 NAME D CABEZA, MARILYN
 STREET ADDRESS 1472 N. W. 97 TERRACE
 CITY-ST-ZIP PEMBROKE PINES FL
 TITLE DELETE
 NAME DP NUSSBAUM, ELLEN
 STREET ADDRESS 1484 NW 97 TERR
 CITY-ST-ZIP PEMBROKE PINES FL
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Required By Renewal 7-29-97

CR2E037 (4/97)