

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90092 030 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00644**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/28/1983	4. FEI Number 59-2377061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>MCMULLEN, MICHAEL</b> 1482 NW 97 TERR 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 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARNARD, PENNY</b>		1.2 NAME	
STREET ADDRESS <b>1448 NW 97 TERR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCMULLEN, MICHAEL</b>		2.2 NAME	
STREET ADDRESS <b>1482 NW 97 TERRACE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CABEZA, MARILYN</b>		3.2 NAME	
STREET ADDRESS <b>1472 N. W. 97 TERRACE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NUSSBAUM, ELLEN</b>		4.2 NAME	
STREET ADDRESS <b>1464 NW 97 TERR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>WANDA FRONCZAK</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1401 NW 97 Terr</b>		5.2 NAME	
STREET ADDRESS <b>Pembroke Pines, FL 33024</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>Directr</b>		5.4 CITY-ST-ZIP	
TITLE <b>SANDRA DAVIS</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1409 NW 97 Terr</b>		6.2 NAME	
STREET ADDRESS <b>Pembroke Pines, FL 33024</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>Directr</b>		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 2/11/99 Daytime Phone # \_\_\_\_\_

CR2E037 (1/198)