


3/10/04 96019 022 * 61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 21 AM 8:00

DOCUMENT # N00644					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CABEZA, MARILYN 1472 NW 97TH TERRACE PEMBROKE PINES, FL 33024				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRONCZAK, WANDAF			NAME	Martinez, Armando
STREET ADDRESS	1401 NW 97 TERR			STREET ADDRESS	1494 N.W. 97 Terr. Pembroke Pine
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, PENNY			NAME	Young, Ada
STREET ADDRESS	1448 N.W. 97 TERR.			STREET ADDRESS	1474 N.W. 97 Terr
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	Pembroke Pines, FL. 33024 <input type="checkbox"/> Addition
NAME	CABEZA, MARILYN			NAME	
STREET ADDRESS	1472 NW 97TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUM, ELLEN			NAME	
STREET ADDRESS	1484 NW 97 TERR			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, ELLIOT			NAME	
STREET ADDRESS	1416 N.W. 97 TERR.			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Elliot Kline</i> ELLIOT KLINE				3-3-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Secretary				Daytime Phone #	

