
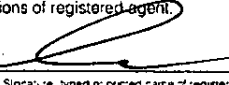
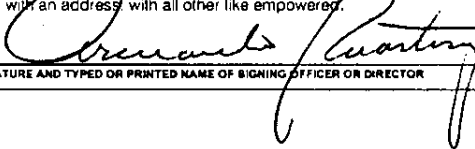


**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90233 036 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N00644</b>					
1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. TEN, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027			Mailing Address PRIME MANAGEMENT GROUP, INC. 13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2377061	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, CHARLES GRL MGR 13460 SW 10TH ST. 101 PEMBROKE PINES, FL 33027			Name <u>Straley + Otto P.A.</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>2699 STIRLING ROAD SUITE C-207</u>		
			City <u>FORT LAUDERDALE</u> FL Zip Code <u>33312</u>		
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 		Charles Otto, Esq.		4.17.08	
Filing Fee is \$81.25 Due by May 1, 2008		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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ARMANDO		NAME		
STREET ADDRESS	1494 N W 97 TERR		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, PENNY		NAME		
STREET ADDRESS	1448 N.W. 97 TERR.		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	1464 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	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, ADA		NAME	MICHAEL McMULLEN	
STREET ADDRESS	1474 N W 97 TERR		STREET ADDRESS	482 NW 97th TERR.	
CITY - ST - ZIP	PEMBROKE PINES, FL 33024		CITY - ST - ZIP	PEMBROKE PINES, FL 33024	
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 exemptions contained in Chapter 119, 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: 				4-21-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40096239



04152008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2377061 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #