

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00644

FILED
Mar 30, 2009
Secretary of State

Entity Name: WESTVIEW CONDOMINIUM ASSOCIATION NO. TEN, INC.

Current Principal Place of Business:

C/O TDSUNSHINE PROPERTY MANAGEMENT
4330 WEST BROWARD BLVD., SUITE I
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

C/O TDSUNSHINE PROPERTY MANAGEMENT
P.O. BOX 24624
FORT LAUDERDALE, FL 33307

New Mailing Address:

C/O TDSUNSHINE PROPERTY MANAGEMENT
P.O. BOX 122015
FORT LAUDERDALE, FL 33312

FEI Number: 59-2377061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TDSUNSHINE PROPERTY MANAGEMENT LLC
4330 WEST BROWARD BLVD., SUITE I
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MARTINEZ, ARMANDO
Address: 1494 N W 97 TERR
City-St-Zip: PEMBROKE PINES, FL

Title: DS () Delete
Name: HERNANDEZ, PENNY
Address: 1448 N.W. 97 TERR.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DP () Delete
Name: NUSSBAUM, ELLEN
Address: 1464 NW 97 TERR
City-St-Zip: PEMBROKE PINES, FL

Title: TD () Delete
Name: KLINE, ELLIOT
Address: 1416 N.W. 97 TERR.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: MCMULLEN, MICHAEL
Address: 1482 NW 97TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENNY HERNANDEZ

DS

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date