

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90083 001 \*\*\*\*61.25

**DOCUMENT # 754027**

1. Entity Name

WESTVIEW CONDOMINIUM ASSOCIATION NO.  
SEVEN, INC



Principal Place of Business

9931 NW 10TH ST  
PEMBROKE PINES FL 33024  
US

Mailing Address

P.O. BOX 840526  
PEMBROKE PINES FL ~~33024~~  
US  
33094-2556



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 840526  
Pembroke Pines.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLA

Zip

Country

33084-2556

Country

USA

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2025388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUGG, OLIVE F  
9931 NW 10TH ST  
PEMBROKE PINES FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRENNAN, CHERYL  
STREET ADDRESS 1261 NW 99 TERR  
CITY-STATE-ZIP PEMBROKE PINES FL 33024

TITLE P ☐ Delete  
NAME BUGG, OLIVE F  
STREET ADDRESS 9931 NW 10TH ST  
CITY-STATE-ZIP PEMBROKE PINES FL 33024

TITLE T ☐ Delete  
NAME BIRCH, KATHLEEN  
STREET ADDRESS 9937 NW 90 ST  
CITY-STATE-ZIP PEMBROKE PINES FL 33024

TITLE D ☐ Delete  
NAME ABRAMS, DAVID  
STREET ADDRESS 9900 NW 13 CT  
CITY-STATE-ZIP PEMBROKE PINES FL 33024

TITLE VP ☐ Delete  
NAME CATO, JUNE  
STREET ADDRESS 9919 NW 10TH ST  
CITY-STATE-ZIP PEMBROKE PINES FL 33024

TITLE P Secy ☐ Delete  
NAME BANGOS, MARIA  
STREET ADDRESS 1140 N.W. 99 AVE  
CITY-STATE-ZIP PEMBROKE PINES FL 33024

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Olive F. Bugg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/07