

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754027 (1)
 1. Corporation Name
 WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC



Principal Place of Business: 8915 NW 13TH COURT, PEMBROKE PINES FL 33024
 Mailing Address: 8915 NW 13TH COURT, PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 09/03/1980
 3a. Date of Last Report: 09/25/1995
 4. FEI Number: 59-2025388
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
 2a. Mailing Address (24-26)
 Suite, Apt. #, etc. (22, 27)
 City & State (23, 28)
 Zip (24, 29) Country (25, 30)

9. Name and Address of Current Registered Agent
 JAMES TAVES
 8915 NW 13TH COURT
 PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
 81 Name: ELLIOTT HECKER
 82 Street Address (P.O. Box Number is Not Acceptable): 1181 NW 99TH TERRACE
 83
 84 City: Pembroke Pines FL 85 Zip Code: 33024

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: *Elliott Hecker* Present 7/7/96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, JEFF	
STREET ADDRESS	9910 NW 13TH CT.	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HECKER, ELLIOTT	
STREET ADDRESS	1181 NW 99TH TERR.	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRACE, DONNA	
STREET ADDRESS	9930 NW 13TH CT.	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEENER, MARLA	
STREET ADDRESS	1041 NW 99TH TERRACE	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PAUL DEL SALLE	
STREET ADDRESS	9987 NW 10 ST.	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVID ABRAMS	
STREET ADDRESS	9900 NW 13TH CORT	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD BRINKER	
1.3 STREET ADDRESS	DIRECTOR	
1.4 CITY - ST - ZIP	1310 NW 99th Ave	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETTY GIBLIN	
2.3 STREET ADDRESS	1340 NW 99AVE	
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	OLIVE F. TSUBO	
6.3 STREET ADDRESS	9931 N.W. 10 ST. Pembroke Pines	
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Elliott Hecker* 7/5/96 954. 432-1111
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)