

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754027 (1)
 1. Corporation Name
WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC



Principal Place of Business 9915 NW 13TH COURT PEMBROKE PINES FL 33024	Mailing Address 9915 NW 13TH COURT PEMBROKE PINES FL 33024-4332
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3. Date Incorporated or Qualified 09/03/1980	3a. Date of Last Report 07/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-2025388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HECKER, ELLIOTT
 1181 NW 99 TERRACE
 PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BRINKER, RICHARD
STREET ADDRESS	1310 NW 99 AVE
CITY - ST - ZIP	PEMBROKE PINES FL
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 type="checkbox"/> DELETE
NAME	WEENER, MARLA
STREET ADDRESS	1041 NW 99TH TERRACE
CITY - ST - ZIP	PEMBROKE PINES FL 33024
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	PAUL DEL SALLE
STREET ADDRESS	9967 NW 10 ST.
CITY - ST - ZIP	PEMBROKE PINES FL 33024
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TSUGG, OLIVE F
STREET ADDRESS	9931 NW 10TH ST
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	GIBSLIN Betty
4.3 STREET ADDRESS	1340 NW 99 AVE
4.4 CITY - ST - ZIP	Pembroke Pines FL 33024
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Buge Olive F
5.3 STREET ADDRESS	9931 NW 10 ST.
5.4 CITY - ST - ZIP	Pembroke Pines, FL 33024
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 Heckler **HECKER, ELLIOTT** Heckler 4/25/97 754-432020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023785

CR2E037 (9/96)