

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 09/03/1980	
4. FEI Number 59-2025388	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 9931 N.W. 10th St	2a. Mailing Address 26 9931 N.W. 10th St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pembroke Pines, FL	City & State 28 Pembroke Pines, FL
Zip 24 33024-4306	Country 25 USA
Country 29 USA	Zip 30 33024-4306

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

New
OLIVE F. BUGG

10. Name and Address of New Registered Agent

81 Name OLIVE F. BUGG	
82 Street Address (P.O. Box Number is Not Acceptable) 9931 NW 10th St	
83 City Pembroke Pines	
84 State FL	85 Zip Code 33024-4306

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 **OLIVE F. BUGG Pres** *6/6/98* **OLIVE F. BUGG** *5/11/98*

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRINKER, RICHARD	
STREET ADDRESS	1310 NW 99 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	director	<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	WEENER, MARLA	
STREET ADDRESS	1041 NW 99TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GIBLIN, BETTY	
STREET ADDRESS	1340 NW 99 AVE	<i>deceased</i>
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PRES.	<input type="checkbox"/> DELETE
NAME	BUGG, 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	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONNA GRACE	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John S. Lee	
2.3 STREET ADDRESS	9943 NW 10th St	
2.4 CITY-ST-ZIP	Pem. PINES 33024-4306	
3.1 TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathleen Birch	
3.3 STREET ADDRESS	9937 N.W. 10th St	
3.4 CITY-ST-ZIP	Pem. PINES, 33024-4306	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM HOFF JR	
4.3 STREET ADDRESS	1171 N.W. 99TH W.	
4.4 CITY-ST-ZIP	Pem. PINES, FL 33024-4306	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brenda HARRIS	
5.3 STREET ADDRESS	1161 N.W. 99TH W.	
5.4 CITY-ST-ZIP	Pem. Pines Fla. 33024-4306	
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 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: **OLIVE F. BUGG** *5/11/98* **954-432-2797**

CR2E037 (10/97)