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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754027

1. Corporation Name
WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC

Principal Place of Business
 9931 NW 10TH ST
 PEMBROKE PINES FL 33024
 US

Mailing Address
 9931 NW 10TH ST
 PEMBROKE PINES FL 33024
 US



2. Principal Place of Business *New Inc*

21 **Westview Condo Assn** 2a. Mailing Address **Westview Condo Assoc**

22 **9931 NW 10th St** Suite, Apt. #, etc. **P.O. 130x 840526**

23 **Pemb. Pines** City & State **Pembroke Pines**

24 **33024** Zip **Broward** Country **FL** 25 **33084** Zip **FL** Country

3. Date Incorporated or Qualified **09/03/1980**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **SAM**

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

83

84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, DONNA	1.2 NAME	
STREET ADDRESS	1310 NW 99 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOHN S	2.2 NAME	
STREET ADDRESS	9943 NW 10TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRCH, KATHLEEN	3.2 NAME	
STREET ADDRESS	9937 NW 10TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, BRENDA	4.2 NAME	
STREET ADDRESS	1161 NW 99TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elliott Hecker	5.2 NAME	
STREET ADDRESS	1181 N.W. 99 Terr.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines Fl. 33024	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William HUFF JR.	6.2 NAME	
STREET ADDRESS	1171 N.W. 99 Terr.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines Fl. 33024	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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/4/99** DAYTIME PHONE #: **954-432-2797**

CR2E037 (1/98)