

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90059 009 ****61.25

DOCUMENT # 754027

1. Entity Name

WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC

Principal Place of Business

Mailing Address

953 NW 10TH ST.
 PEMBROKE PINES FL 33024
 US

P.O. BOX 840526
 PEMBROKE PINES FL 33084-2526
 US

2. Principal Place of Business

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Above

City & State

City & State

4. FEI Number

59-2025388

Applied For

Not Applicable

Zip

Country

BROWARD

Zip

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

Olive F. Bugg Pres.

3/24/00

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRACE, DONNA	
STREET ADDRESS	1310 NW 99 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEE, JOHN S	
STREET ADDRESS	9943 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIRCH, KATHLEEN	
STREET ADDRESS	9937 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, BRENDA	
STREET ADDRESS	1161 NW 99TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HECKER, ELLIOTT	
STREET ADDRESS	1181 NW 99 TER.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUFF, WILLIAM JR.	
STREET ADDRESS	1171 NW 99 TER.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRTA BARRIFFE	
STREET ADDRESS	9924 N.W 10th ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA SACCO	
STREET ADDRESS	141 N.W 99TH	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	NO REPLACEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNTIL MAY - DIRECTOR HECKER	
STREET ADDRESS	DIED LAST MONTH	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLE SCHMATOIA	
STREET ADDRESS	1271 N.W 99 TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL 330244300	

12. 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 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:

OLIVIA F. BUGG PRES.

3/24/00 954-432-2797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)