

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90147 007 \*\*\*\*61.25

0037275

**DOCUMENT # 754027**

1. Entity Name

**WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC**

Principal Place of Business

Mailing Address

9931  
 9931 NW 10TH ST.  
 PEMBROKE PINES FL 33024  
 US

P.O. BOX 840526  
 PEMBROKE PINES FL 33024  
 US

2. Principal Place of Business

3. Mailing Address

9931 N.W. 10th St

Suite, Apt. #, etc.

Pembroke Pines

City & State

City & State

Zip

Country

33024

Broward

Zip

Country

4. FEI Number

59-2025388

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 Same

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

Signature, typed or printed name of registered agent and title in public file.

(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  Delete  
 NAME BARRIFFE, MYRTA  
 STREET ADDRESS 9924 N.W. 10TH ST  
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME LEE, JOHN S  
 STREET ADDRESS 9943 NW 10TH ST  
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME BIRCH, KATHLEEN  
 STREET ADDRESS 9937 NW 10TH ST  
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME ~~SPACO, DONNA~~  
 STREET ADDRESS 1111 N.W. 99 TERR  
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE Director  Change  Addition  
 NAME June Cato  
 STREET ADDRESS 9919 N.W. 10th St  
 CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE D  Delete  
 NAME SCHMATOLLA, NICHOLE  
 STREET ADDRESS 1271 N.W. 99 TERR.  
 CITY-ST-ZIP PEMBROKE PINES FL 33024-4328

TITLE Director  Change  Addition  
 NAME PAUL DESALLE  
 STREET ADDRESS 9967 N.W. 10th St  
 CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE Pres.  Delete  
 NAME Olive F Bugg  
 STREET ADDRESS 9931 N.W. 10th St  
 CITY-ST-ZIP Pembroke Pines 33024

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

1/16/01

954-432-2797

CR2E037 (10/00)