

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90053 001 \*\*\*\*61.25

**DOCUMENT # 754027**

1. Entity Name  
**WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC**

Principal Place of Business <b>9931 NW 10TH ST          PEMBROKE PINES FL 33024          US</b>	Mailing Address <b>P.O. BOX 840526          PEMBROKE PINES FL 33024          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Same as Above*

3. Mailing Address  
*Same as Above*

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-2025388</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  
**BUGG, OLIVE F  
 9931 NW 10TH ST  
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent  
 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* DATE: *1/8/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE VP	<input checked="" type="checkbox"/> Delete	NAME BARRIFFE, MYRTA	STREET ADDRESS 9924 N.W. 10TH ST	CITY-ST-ZIP PEMBROKE PINES FL 33024
TITLE SD	<input checked="" 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 SPACO, DONNA	STREET ADDRESS 1111 N.W. 99 TERR	CITY-ST-ZIP PEMBROKE PINES FL 33024
TITLE D	<input type="checkbox"/> Delete	NAME CATO, JUNE	STREET ADDRESS 9919 NW 10TH ST	CITY-ST-ZIP PEMBROKE PINES FL 33024
TITLE D	<input type="checkbox"/> Delete	NAME DESALLE, PAUL	STREET ADDRESS 9967 NW 10TH ST	CITY-ST-ZIP PEMBROKE PINES FL 33024

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Tom Maiberger	STREET ADDRESS 9930 N.W. 13 CT	CITY-ST-ZIP PEMBROKE PINES FL. 33024
TITLE Secy.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Nirole Schmatolla	STREET ADDRESS 1271 N.W. 99 TERR.	CITY-ST-ZIP PEMBROKE PINES FL. 33024
TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DAVID ADAMS	STREET ADDRESS 9900 N.W. 13 CT	CITY-ST-ZIP PEMBROKE PINES, FL. 33024

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: *S. Olive F. Bugg* DATE: *1/8/02* Daytime Phone #: *954-432-2797*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)