


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90028 005 ****61.25

DOCUMENT # 754027

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



Principal Place of Business Mailing Address

9931 NW 10TH ST P.O. BOX 840526
 PEMBROKE PINES, FL 33024 US PEMBROKE PINES, FL 33024 US

44049296



07062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2025388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Olive F. Bugg* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALBERGER, TOM CHERYL BRENNAN
STREET ADDRESS	9930 NW 13 CT 1261 NW 99 TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	S
NAME	FLAVELL, DONNA NANETTE NODARSE
STREET ADDRESS	9930 NW 10TH ST 1241 N. 99 TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	T
NAME	BIRCH, KATHLEEN
STREET ADDRESS	9937 NW 10TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	ABRAMS, DAVID
STREET ADDRESS	9900 NW 13 CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	Vice Pres.
NAME	CATO, JUNE
STREET ADDRESS	9919 NW 10TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	MARIA BANGOS
STREET ADDRESS	1140 N.W. 99 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33024

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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: *Olive F. Bugg* Date: **7/10/04** Daytime Phone #: **954-432-2797**