

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2005 8:00 am
Secretary of State

02-07-2005 90063 027 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # 754027					
1. Entity Name WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC					
Principal Place of Business 9931 NW 10TH ST PEMBROKE PINES FL 33024 US			Mailing Address P.O. BOX 840526 PEMBROKE PINES FL 33024 US		
2. Principal Place of Business <i>Same As Above</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2025388	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
B. 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 <i>Olive F. Bugg Pres.</i>		DATE <i>2/01/05</i>			
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, CHERYL		NAME	<i>OLIVE F. BUGG</i>	
STREET ADDRESS	1241 N.W. 99 TERR		STREET ADDRESS	<i>9931 NW 10th St</i>	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP	<i>PEMBROKE PINES, FL 33024</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TRUST.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAVELL, DONNA		NAME	<i>KATHLEEN BIRCH</i>	
STREET ADDRESS	9949 N.W. 10TH ST.		STREET ADDRESS	<i>9937 NW 10th St</i>	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP	<i>PEMBROKE PINES FL 33024</i>	
TITLE	<i>Secy</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NODARSE, NANETTE		NAME		
STREET ADDRESS	1241 N.W. 99 TERR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, DAVID		NAME		
STREET ADDRESS	8900 NW-13 CT		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATO, JUNE		NAME		
STREET ADDRESS	9919 NW 10TH ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANGOS, MARIA		NAME		
STREET ADDRESS	1140 N.W. 99 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		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: <i>Olive F. Bugg Pres.</i>		DATE: <i>2/01/05</i>		DAYTIME PHONE: <i>954-432-2797</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	