

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90022 033 \*\*\*\*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**      **PEMBROKE PINES FL 33024**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

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

4. FEI Number      Applied For  
**59-2025388**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

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

SIGNATURE *Olive F. Bugg Pres.*  
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**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	BRENNAN, CHERYL
STREET ADDRESS	1261 N.W. 99 TERR <i>1261 NW 99TH</i>
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	P <input type="checkbox"/> Delete
NAME	BUGG, OLIVE F
STREET ADDRESS	9931 NW 10TH ST
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	NODARSE, NANETTE
STREET ADDRESS	1241 N.W. 99 TERR
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	D <input type="checkbox"/> Delete
NAME	ABRAMS, DAVID
STREET ADDRESS	9900 NW 13 CT
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	VP <input type="checkbox"/> Delete
NAME	CATO, JUNE
STREET ADDRESS	9919 NW 10TH ST
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	<i>Secy.</i> <input type="checkbox"/> Delete
NAME	BANGOS, MARIA
STREET ADDRESS	1140 N.W. 99 AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33024

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>TREAS. KATHLEEN BIRCH</i>
STREET ADDRESS	<i>9937 NW 90 STREET</i>
CITY-ST-ZIP	<i>PEMBROKE PINES, FL. 33024</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 (OLIVE F. Bugg)*      954-432-2797