2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754027

FILED Jan 08, 2009 Secretary of State

Entity Name: WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC

	rincipal Place of	Business:	New Principal Place of Business:
9931 NW			
PEMBRO	KE PINES, FL 330	024 US	
Current M	lailing Address:		New Mailing Address:
P.O. BOX	840526		9931 NW 10TH ST
PEMBRO	KE PINES, FL 330	084 US	PEMBROKE PINES, FL 33024 US
FEI Number	: 59-2025388 F	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Cur	rent Registered Agent:	: Name and Address of New Registered Agent:
BUGG, OL 9931 NW PEMBROH		024 US	
	e named entity sub e of Florida.	omits this statement for th	he purpose of changing its registered office or registered agent, or bo
SIGNATU	RE:		
	Electronic	Signature of Registered	Agent Date
OFFICER	S AND DIRECTO	RS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	D () De BRENNAN, CHERY 1261 NW 99 TERR PEMBROKE PINES	′L }	Title: () Change () Addition Name: Address: City-St-Zip:
Title:	P () De	elete	Title: () Change () Addition
Name: Address:	BUGG, OLIVE F 9931 NW 10TH ST PEMBROKE PINES		Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address:	9931 NW 10TH ST	S, FL 33024 elete N	Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	9931 NW 10TH ST PEMBROKE PINES T () De BIRCH, KATHLEEN 9937 NW 90 ST	S, FL 33024 S, FL 33024 S, FL 33024 Slete	Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip: City-St-Zip:	9931 NW 10TH ST PEMBROKE PINES T () De BIRCH, KATHLEEN 9937 NW 90 ST PEMBROKE PINES D () De LAGO, BENNY 1221 NW 99 TERR	S, FL 33024 Slete S, FL 33024 Slete RACE S, FL 33024	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVE BUGG P 01/08/2009