

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754027

FILED
Jan 08, 2009
Secretary of State

Entity Name: WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN,INC

Current Principal Place of Business:

9931 NW 10TH ST
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 840526
PEMBROKE PINES, FL 33084 US

New Mailing Address:

9931 NW 10TH ST
PEMBROKE PINES, FL 33024 US

FEI Number: 59-2025388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRENNAN, CHERYL
Address: 1261 NW 99 TERR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P () Delete
Name: BUGG, OLIVE F
Address: 9931 NW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: BIRCH, KATHLEEN
Address: 9937 NW 90 ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: LAGO, BENNY
Address: 1221 NW 99 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: CATO, JUNE
Address: 9919 NW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: BANGOS, MARIA
Address: 1140 N.W. 99 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BANGOS, MARIA
Address: 1140 N.W. 99 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

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

Electronic Signature of Signing Officer or Director

_____ Date