

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754027

**Entity Name:** WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN,INC

**FILED**  
**Apr 25, 2025**  
**Secretary of State**  
**8870590571CC**

**Current Principal Place of Business:**

1070 NW 99TH AVE  
75  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

C/O KS CONSULTING & MANAGEMENT SOLUTIONS  
PO BOX 291975  
DAVIE, FL 33329 US

**FEI Number: 59-2025388**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TUCKER & LOKEINSKY, P.A.  
800 E BROWARD BLVD SUITE 710  
FORT LAUDERDALE, FL 33301 US

*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

**Officer/Director Detail :**

Title P  
Name BARRETO, EDWIN  
Address 9955 NW 10TH ST  
#24  
City-State-Zip: PEMBROKE PINES FL 33024

Title V  
Name WEENER, MARLA G  
Address 1041 NW 99TH TERR  
#29  
City-State-Zip: PEMBROKE PINES FL 33024

Title S  
Name BALL, AVERY L  
Address 1140 NW 99TH AVE  
#70  
City-State-Zip: PEMBROKE PINES FL 33024

Title T  
Name VILLAVERDE, MANUEL  
Address 1070 NW 99TH AVE  
#75  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name AHMAD, WAKIL A  
Address 1161 NE 200 TERR  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name BABCOCK, JORDAN C  
Address 9910 NW 13TH CT  
#53  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name LUBIN, SUZY C  
Address 9978 NW 10TH ST  
#01  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name MARCELUS, KESTIA  
Address 9930 NW 13TH CT  
#51  
City-State-Zip: PEMBROKE PINES FL 33024

*I hereby 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 all other like empowered.*

**SIGNATURE: MANUEL VILLAVERDE**

**TREASURER**

**04/25/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date