

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754027

**FILED**  
**Apr 25, 2023**  
**Secretary of State**  
**4185128043CC**

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

**Current Principal Place of Business:**

9967 NW 10TH ST  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9967 NW 10TH ST  
PEMBROKE PINES, FL 33024 US

**FEI Number: 59-2025388**

**Certificate of Status Desired: No**

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

DELSALLE, SANDRA  
9997 NW 10 ST  
PEMBROKE PINES, FL 33024 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  
City-State-Zip: PEMBROKE PINES FL 33024

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

Title D  
Name CATO, JUNE  
Address 9919 NW 10 ST  
City-State-Zip: PEMBROKE PINES FL 33024

Title T  
Name SANDRA, DELSALLE  
Address 9967 NW 10TH ST  
City-State-Zip: PEMBROKE PINES FL 33024

Title S  
Name VILLAVERDI, MANUEL  
Address 1070 NW 99TH AVE  
City-State-Zip: PEMBROKE PINES FL 33024

Title D  
Name GARCIA, TONI  
Address 9972 NW 10TH ST.  
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: SANDRA, DELSALLE**

**TREASURER**

**04/25/2023**

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

\_\_\_\_\_  
Date