

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **719590** (2)  
1. Corporation Name  
**SEVEN LAKES ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1965 SEVEN LAKES BLVD. FT MYERS FL 33907** **1965 SEVEN LAKES BLVD. FT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/27/1970</b>   | 3a. Date of Last Report<br><b>03/22/1994</b> |
| 4. FEI Number<br><b>59-1309141</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |

9. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.**  
**630 S. ORANGE AVE., 3RD FL.**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | <b>SD</b>                           |
| NAME           | <b>SEITZ, RAYMOND</b>               |
| STREET ADDRESS | <b>1687 BENT TREE CIR.</b>          |
| CITY-ST-ZIP    | <b>FT MYERS FL</b>                  |
| TITLE          | <b>VD</b>                           |
| NAME           | <b>MAUCKER, ROBERT</b>              |
| STREET ADDRESS | <b>1781 PEBBLE BCH DR 310</b>       |
| CITY-ST-ZIP    | <b>FT MYERS FL</b>                  |
| TITLE          | <b>TD</b>                           |
| NAME           | <b>ALLEN, CLYDE</b>                 |
| STREET ADDRESS | <b>7430 LAKE BREEZE DRIVE, #314</b> |
| CITY-ST-ZIP    | <b>FT. MYERS FL</b>                 |
| TITLE          | <b>PD</b>                           |
| NAME           | <b>LENGEFELD, FRANCIS</b>           |
| STREET ADDRESS | <b>7420 LAKE BREEZE DRIVE, #314</b> |
| CITY-ST-ZIP    | <b>FT. MYERS FL</b>                 |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                    |  |
|--------------------|------------------------------------|--|
| 1.1 TITLE          | <b>TD</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>SEITZ, RAYMOND</b>              |  |
| 1.3 STREET ADDRESS | <b>1687 BENT TREE CIR.</b>         |  |
| 1.4 CITY-ST-ZIP    | <b>FT. MYERS, FL</b>               |  |
| 2.1 TITLE          | <b>V.D</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>DUANE LEEKA</b>                 |  |
| 2.3 STREET ADDRESS | <b>1660 PINE VALLEY DR., # 107</b> |  |
| 2.4 CITY-ST-ZIP    | <b>FT. MYERS, FL</b>               |  |
| 3.1 TITLE          | <b>PD</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>ALLEN, CLYDE</b>                |  |
| 3.3 STREET ADDRESS | <b>7430 LAKE BREEZE DR., # 314</b> |  |
| 3.4 CITY-ST-ZIP    | <b>FT. MYERS, FL</b>               |  |
| 4.1 TITLE          | <b>SD</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>BATES, SR., LAWRENCE</b>        |  |
| 4.3 STREET ADDRESS | <b>7192 AUGUSTA DR. SW. # 103</b>  |  |
| 4.4 CITY-ST-ZIP    | <b>FT. MYERS, FL</b>               |  |
| 5.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                    |  |
| 5.3 STREET ADDRESS |                                    |  |
| 5.4 CITY-ST-ZIP    |                                    |  |
| 6.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                    |  |
| 6.3 STREET ADDRESS |                                    |  |
| 6.4 CITY-ST-ZIP    |                                    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H. Clyde Allen* **3/9/95** **813-482-4540**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Zip #