## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

719590

(2)

SEVEN LAKES ASSOCIATION, INC.

Principal Place of Business Mailing Address Mailing Address	OFAEW FUICO MOCONIMON INC.		
	Principal Place of Business	Mailing Address	T TERRIT HORSE FILER TRIAN CHINA SANIA DANI BILBIA DANIA BIRAN BIR

## **FILED** Mar 21 1997 8:00am Secretary of State

Principal Place	of Business	Mailing Address				
		VACO CONTRACTOR DEVI		-		
FT MYERS FL 3	13907	FT MYERS FL 33907-5708				
						3. Date Incorporated or Qualified 10/27/1970 3a. Date of Last Report 03/20/1996
2. Principal Pla 21	ace of Business	2a. Mailing Address				4. FEI Number Applied For S9-1309141 Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired
City & State	;	Cily & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
24	9. Name and Address of Curren	29  nt Registered Agent	1301		<del></del>	10. Name and Address of New Registered Agent
}				81	Name	
	, POLIAKOFF & STREITFELD, P.	. <b>A</b> .	}	82	Street A	Address (P.O. Box Number is Not Acceptable)
	Drange ave.,3rd FL. Ita FL 34236			83		نوب <u>، دری در </u>
				B4	City	FI 85 Zip Code
11. Pursuant I	o the provisions of Sections 617.050	2 and 617.1508. Florida Statu	tes, the ab	[	-named c	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorized	Ιbν	the carac	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE _						
12.	Signature, typed or pureled name of registered age OFFICERS AN		TE: Registered	Ager	nt signature n	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	DELETE	1.1 TIT	LE		Change M Addition
NAME	FREESEM RICHARD	• "	1.2 NA	ME	1	MANCIS LINGEFELD.
STREET ADDRESS	6220 AUGUSTA DRIVE #209		1.3 \$11	REET	ADDRESS	FRANCIS LENGEFELD DR.
CITY - ST - ZIP	FT MYERS FL		1.4 CIT		r-ziP	FT. MYERS, FL 33707
TITLE	VD	DELETE	2.1 TIT			Change Addition
NAME OTOUR LABORERS	LEEKA, DUANE 1660 PINE VALLEY DR., #10	7	2.2 NA		***********	JOYCE HAUGH BEACH DR. # 214
STREET ADDRESS	FT MYERS FL	'	- 1			PT, MYERS, FL 33907
CHY-ST-ZIP TULE	V	DELETE	2. 4 Cf	******	ST-21P	Change Addition
NAME	KLAMERT, RONALD		3.2 NA		}	
STREET ADDRESS	13331 MEDINAH CIRCLE W	#8	3.3 511	REFT	ADDRESS	
CITY-ST-7IP	FT. MYERS FL		3.4. Ci	[Y-S	ST-21P	
TITLE	SD	☐ DELETE	4.1 TiT	LE	[]	TR Change 💆 Addition
NAME	BATES, SR. L		4.2 NA	ME	Ţ	DONALD JAHNKE 4102 AUGUSTA DR #116
STREET ADDRESS	7192 AUGUSTA DR. SW. #10	03	4			
CITY-ST-ZIF	FT. MYERS FL	DELETE	4.4 CIT		r-zip	- A Grange Addition
TITLE		[ Dreet	5.1 TIT 5.2 NA		.	
STREET ADDRESS			- E		ADDRESS	RICHARD FREESE
CHY-ST ZIP			5.4 CIT			RICHARD FREESE LIZE AUGUSTA DR #209 FT. MYERS, FL 33907
TILE		DELETE	6.1 TiT			Change Addition
NAME			6.2 NA		- \	
STREET ADDRESS			63 STI	REET	ADDRESS	
CITY-ST-7IP			6.4 00	Y-8	I-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF