

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90257 023 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 719590**

1. Corporation Name  
**SEVEN LAKES ASSOCIATION, INC.**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/27/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1309141	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER, POLIAKOFF & STREITFELD, P.A. 630 S. ORANGE AVE., 3RD FL. SARASOTA FL 34236				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	TR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LENGEFELD, FRANCIS			1.2 NAME	LENGEFELD, FRANCIS		
STREET ADDRESS	7430 LAKE BREEZE DR			1.3 STREET ADDRESS	7430 LAKE BREEZE DR		
CITY-ST-ZIP	FT MYERS FL			1.4 CITY-ST-ZIP	FT MYERS, FL		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAUGH, JOYCE			2.2 NAME	HAUGH, JOYCE		
STREET ADDRESS	1747 PEBBLE BEACH DR #214			2.3 STREET ADDRESS	1747 PEBBLE BEACH DR # 214		
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP	FT. MYERS, FL		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANDALL, DOROTHY			3.2 NAME	RANDALL, DOROTHY		
STREET ADDRESS	1700 PINE VALLEY DR #107			3.3 STREET ADDRESS	1700 PINE VALLEY DR. #107		
CITY-ST-ZIP	FT. MYERS FL			3.4 CITY-ST-ZIP	FT. MYERS, FL		
TITLE	TR	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SEITZ, RAYMOND			4.2 NAME	HOOK, A. J.		
STREET ADDRESS	1687 BENT TREE CIR			4.3 STREET ADDRESS	13290 MEDINAH CIR. #8		
CITY-ST-ZIP	FT. MYERS FL			4.4 CITY-ST-ZIP	FT. MYERS, FL		
TITLE	TRV	<input type="checkbox"/> DELETE		5.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAHNKE, DONALD			5.2 NAME	JAHNKE, DONALD		
STREET ADDRESS	1725 BENTREE TREE CIR			5.3 STREET ADDRESS	1725 BENT TREE CIR.		
CITY-ST-ZIP	FT MYERS FL			5.4 CITY-ST-ZIP	FT. MYERS, FL		
TITLE	TR	<input type="checkbox"/> DELETE		6.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, HAROLD			6.2 NAME	BROWN, HAROLD		
STREET ADDRESS	13170 OAKMONT DR #2			6.3 STREET ADDRESS	13170 OAKMONT DR #2		
CITY-ST-ZIP	FT MYERS FL			6.4 CITY-ST-ZIP	FT. MYERS, FL		

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Donald Jahnke*      Date: **3/8/99**      Daytime Phone #: **481 5312**

CR2E037 (1/198)