

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2001 8:00 am**
Secretary of State

03-22-2001 90067 046 ****61.25

DOCUMENT # 719590

1. Entity Name

SEVEN LAKES ASSOCIATION, INC.

Principal Place of Business

**1965 SEVEN LAKES BLVD.
FT MYERS FL 33907**

Mailing Address

**1965 SEVEN LAKES BLVD.
FT MYERS FL 33907**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1309141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TR** ☐ Delete
NAME **WOODARD, DONALD**
STREET ADDRESS **1700 PINE VALLEY DRIVE #316**
CITY-ST-ZIP **FT MYERS FL**TITLE **TR** ☐ Delete
NAME **HAUGH, JOYCE**
STREET ADDRESS **1747 PEBBLE BEACH DR #214**
CITY-ST-ZIP **FT MYERS FL**TITLE **T** ☐ Delete
NAME **RANDALL, DOROTHY**
STREET ADDRESS **1700 PINE VALLEY DR #107**
CITY-ST-ZIP **FT. MYERS FL**TITLE **S** ☐ Delete
NAME **MOOK, ROBERT**
STREET ADDRESS **13290 MEDINAH CIRCLE WEST #8**
CITY-ST-ZIP **FORT MYERS FL 33907**TITLE **V** ☐ Delete
NAME **JAHNKE, DONALD**
STREET ADDRESS **1725 BENTREE TREE CIR**
CITY-ST-ZIP **FT MYERS FL**TITLE **P** ☒ Delete
NAME **BROWN, HAROLD**
STREET ADDRESS **13170 OAKMONT DR #2**
CITY-ST-ZIP **FT MYERS FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TR** ☐ Change ☒ Addition
NAME **CAMERON, ALEXANDER**
STREET ADDRESS **1747 PEBBLE BEACH DR. #102**
CITY-ST-ZIP **FT. MYERS, FL 33907**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Donald Woodard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)