

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91771 002 ****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
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80118249



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1309141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	TR WOODARD, DONALD 1700 PINE VALLEY DRIVE #316 FT MYERS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUGH, JOYCE 1747 PEBBLE BEACH DR #214 FT MYERS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. TREAS. RANDALL, DOROTHY 1700 PINE VALLEY DR #107 FT. MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOOK, ROBERT 13290 MEDINAH CIRCLE WEST #8 FORT MYERS FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRES. JAHNKE, DONALD 1725 BENTREE TREE CIR FT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICE PRES. CAMERON, ALEXANDER 1747 PEBBLE BEACH DR #102 FORT MYERS FL 33907 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIST SEC JOAN GIRARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1784 AUGUSTA DR SW #203 FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HELEN CROMBE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1788 AUGUSTA DR SW #202 FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIST TREAS COLIN BILLOWES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1660 PINE VALLEY DR #205 FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donald Jahnke **REQUIRED** DONALD JAHNKE 4/30/02 239-482-4540
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)