


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 719590 1. Entity Name SEVEN LAKES ASSOCIATION, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1309141	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF  
 14241 METROPOLIS AVE.  
 SUITE 100  
 FT. MYERS, FL 33912

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CASHMAN, RICHARD 7430 LAKE BREEZE DR #202 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROMBE, HELEN 1788 AUGUSTA DRIVE S.W. #202 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MOORE, MARSHA E 1660 PINE VALLEY DR., #101 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BILLOWES, COLIN 1660 PINE VALLEY DRIVE #205 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COWEN, NEIL 13180 OAKMONT DR #3 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD JORDAN, CLIFFORD 7410 LAKE BREEZE DR., #502 FORT MYERS, FL 33907

**DO NOT WRITE IN THIS SPACE**

00000199621  
01/24/05-80101-023 61.25

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: Helen Crombe Pres. 4/14/05 (239) 482-4540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Helen Crombe