

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 27, 2009  
Secretary of State**

DOCUMENT# 719590

Entity Name: SEVEN LAKES ASSOCIATION, INC.

**Current Principal Place of Business:**

1965 SEVEN LAKES BLVD.  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1965 SEVEN LAKES BLVD.  
FT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 59-1309141      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CASHMAN, RICHARD  
Address: 7430 LAKE BREEZE DR #308  
City-St-Zip: FORT MYERS, FL 33907

Title: PD ( ) Delete  
Name: WINNICK, NONA P  
Address: 13290 MEDINAH CIR # 3  
City-St-Zip: FORT MYERS, FL 33907

Title: TD ( ) Delete  
Name: DAVIS, WALTER M  
Address: 1781 PEBBLE BEACH DR., #407  
City-St-Zip: FORT MYERS, FL 33907

Title: VPD ( ) Delete  
Name: SCHAFER, DUANE E  
Address: 1806 PINE GLADE CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

Title: ASD ( ) Delete  
Name: KREEGER, H L  
Address: 1796 AUGUSTA DR.  
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete  
Name: FREESE, RICHARD L  
Address: 6220 AUGUST DR., #209  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER M DAVIS

TD

02/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date