

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719590

Entity Name: SEVEN LAKES ASSOCIATION, INC.**Current Principal Place of Business:**1965 SEVEN LAKES BLVD.
FT MYERS, FL 33907**Current Mailing Address:**1965 SEVEN LAKES BLVD.
FT MYERS, FL 33907**FEI Number: 59-1309141****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
12140 CARISSA COMMERCE COURT, #200
FORT MYERS, FL 33966 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name STORY, WILLIAM R
Address 7406 LAKE BREEZE DRIVE, #213
City-State-Zip: FORT MYERS FL 33907

Title TREASURER, DIRECTOR
Name CAROL, COMP A
Address 7402 LAKE BREEZE DR., #211
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY, DIRECTOR
Name SCARRY, MICHAEL R
Address 7430 LAKE BREEZE DR., #104
City-State-Zip: FORT MYERS FL 33907

Title VP, DIRECTOR
Name JORDAN, CLIFFORD G
Address 7410 LAKE BREEZE DRIVE, #502
City-State-Zip: FORT MYERS FL 33907

Title ASST. TREASURER, DIRECTOR
Name DIDURO, BERNARD D
Address 1841 PINE GLADE CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title ASST. SECRETARY, DIRECTOR
Name BROWN, RICHARD
Address 7410 LAKE BREEZE DRIVE, #403
City-State-Zip: FORT MYERS FL 33907

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. STORY**PRESIDENT****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date