

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009918

**Entity Name:** SEVEN SPRINGS LAKE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**9398272344CC**

**Current Principal Place of Business:**

409 GARRISON AVE  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

409 GARRISON AVE  
PORT SAINT JOE, FL 32456 US

**FEI Number: 20-1790836**

**Certificate of Status Desired: No**

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

FARRELL, JOSEPH  
409 GARRISON AVE  
PORT SAINT JOE, FL 32456 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: JOSEPH P FARRELL JR**

**04/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FLOWERS, THOMAS  
Address 409 GARRISON AVE  
City-State-Zip: PORT SAINT JOE FL 32456

Title DIRECTOR  
Name WILLIAMS, PAUL  
Address 409 GARRISON AVE  
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR  
Name HUSBAND, JACK  
Address 409 GARRISON AVE  
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR  
Name HOWELL , JOHN  
Address 409 GARRISON AVE  
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR  
Name BAXLEY, LAURA  
Address 409 GARRISON AVE  
City-State-Zip: PORT SAINT JOE FL 32456

*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: JACK HUSBAND**

**DIRECTOR**

**04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date