

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35465

**FILED**  
**Apr 02, 2014**  
**Secretary of State**  
**CC8502178746**

**Entity Name:** SEVEN OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2370 SEVEN OAKS LANE  
PALM BCH GARDENS, FL 33410

**Current Mailing Address:**

2370 SEVEN OAKS LANE  
PALM BCH GARDENS, FL 33410 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BOYD, STEPHEN  
2370 SEVEN OAKS LANE  
PALM BCH GARDENS, FL 33410 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 D  
Name ZAPPA, MICHAEL  
Address 2290 SEVEN OAKS LANE  
City-State-Zip: PALM BCH GARDENS FL 33410

Title PRESIDENT, DIRECTOR  
Name BOYD, STEPHEN  
Address 2370 SEVEN OAKS LANE  
City-State-Zip: PALM BCH GARDENS FL 33410

Title D  
Name ZAPPA, MARIA  
Address 2290 SEVEN OAKS LANE  
City-State-Zip: PALM BCH. GARDENS FL 33410

Title D, SECRETARY  
Name BARKER, SUSAN  
Address 2330 SEVEN OAKS LANE  
City-State-Zip: PALM CH. GARDENS FL 33410

Title DIRECTOR  
Name RUSSELL, GEOFF  
Address 2410 SEVEN OAKS LANE  
City-State-Zip: PALM BCH. GARDENS FL 33410

*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: STEPHEN BOYD**

**PRESIDENT**

**04/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date