


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 8:00 am
Secretary of State

04-23-2007 90265 018 ****61.25

DOCUMENT # 724817	
1. Entity Name SEVEN SPRINGS VILLAS ASSOCIATION, INC.	

Principal Place of Business 3610 TEESIDE DR NEW PORT RICHEY, FL 34655	Mailing Address 3610 TEESIDE DR NEW PORT RICHEY, FL 34655
---	---

66019493



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05312007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA 5999 CENTRAL AVENUE SUITE 104 SAINT PETERSBURG, FL 33710	
---	--

7. Name and Address of New Registered Agent	
Name JAMES R. DE FURIO	
Street Address (P.O. Box Number is Not Acceptable) 201 EAST KENNEDY BLVD SUITE 1460 TAMPA FL 33602	

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 X <i>[Signature]</i> Esg.	DATE 6-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
--	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROBERT 9611 MIDIRON CT NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ROBERT 9611 MIDIRON COURT NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUFFNER, WILLIAM 3902 TROPHY BLVD NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOBUS, JOSEPH 3354 SCORECARD DRIVE NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIPPEN, DOTTIE 3920 TROPHY BLVD NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINKEAD, - 3322 SCORECARD DRIVE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOBUS, JOSEPH 3354 SCORECARD DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEGAN, DANIEL 3310 TROPHY BOULEVARD NEW PORT RICHEY FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, LEE 3358 SCORECARD DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, EDWARD 3627 TEESIDE DRIVE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANLEY, JOSEPH 3633 TEESIDE DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIMSON, THOMAS 3628 TEESIDE DRIVE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joseph M. Kobus PRES.</i>	DATE: JUNE 4 2007	DAYTIME PHONE #: 1-727-376-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

ATTACHMENT

66019493
#724817

Page Two
Form 724817
May 31, 2007

Seven Springs Villas Association, Inc.
3610 Teeside Drive
New Port Richey, FL 34655

Two more additional directors carried over from page one of this report.

D	
Pettit, Leon	Addition
3407 Teeside Drive	
New Port Richey, FL 34655	

D	
Johnson, Robert	Addition
3352 Scorecard Drive	
New Port Richey, FL 34690	