FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:24

DOCUMENT # **740763** **(8)**

1. Corporation Name

SEVEN SPRINGS OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
6372A SEVEN SPRINGS BLVD PO BOX 6443 LAKE WORTH FL 33463-1635	6372A SEVEN SPRINGS BLVD PO BOX 6443 LAKE WORTH FL 33463-1635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 P.O.Box 6443
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Lake Worth, FL.
Zip / Country 24 / 25	Zip / Country 29 33466-6443 / 30 Palm Beach

3. Date Incorporated or Qualified: 11/15/1977
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1846692 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GERSON, GARY, ESQ.
1645 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Lundquist, Amy
82 Street Address (P.O. Box Number is Not Acceptable): 6267-C Seven Springs Blvd.
83
84 City: Greenacres, FL **FL** 85 Zip Code: 33463

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Amy Lundquist (PRESIDENT) 3/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	LYDON, WILLIAM	12 NAME	Lundquist, Amy	
STREET ADDRESS	6351A SEVEN SPRINGS BLVD	13 STREET ADDRESS	6267-C Seven Springs Blvd.	
CITY-ST-ZIP	GREENACRES FL 33463	14 CITY-ST-ZIP	Greenacres, FL. 33463	
TITLE	VD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	MCGREW, DENISE	22 NAME	Simon, Joseph	
STREET ADDRESS	6264 B SEVEN SPRINGS BLVD.	23 STREET ADDRESS	6303-D Seven Springs Blvd.	
CITY-ST-ZIP	GREENACRES FL 33463	24 CITY-ST-ZIP	Greenacres, FL. 33463	
TITLE	P	31 TITLE	S/D	☒ Change ☐ Addition
NAME	LYDON, WILLIAM	32 NAME	Whalen, Theresa	
STREET ADDRESS	6351 C SEVEN SPRINGS BLVD.	33 STREET ADDRESS	6294-D Seven Springs Blvd.	
CITY-ST-ZIP	GREENACRES FL 33463	34 CITY-ST-ZIP	Greenacres, FL. 33463	
TITLE	TD	41 TITLE	T/D	☒ Change ☐ Addition
NAME	SCHWARTZ, HARVEY	42 NAME	Gerrish, Richard	
STREET ADDRESS	6372 A SEVEN SPRINGS BLVD.	43 STREET ADDRESS	6255-B Seven Springs Blvd.	
CITY-ST-ZIP	GREENACRES FL 33463	44 CITY-ST-ZIP	Greenacres, FL. 33463	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Stanley, William	
STREET ADDRESS		53 STREET ADDRESS	6342-C Seven Springs Blvd.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Greenacres, FL. 33463	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Mercer, Charles	
STREET ADDRESS		63 STREET ADDRESS	6264-A Seven Springs Blvd.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Greenacres, FL. 33463	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Amy Lundquist (407) 641-8228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

740763

SEVEN SPRINGS OF THE PALM BEACHES, INC.

ADDITIONAL LIST OF DIRECTORS

D
Kroll, Ruth
6312-A Seven Springs Blvd.
Greenacres, FL. 33463

D (ALTERNATE)
Fischer, Susan
11560 Winchester Drive
Palm Beach Gardens, FL. 33410