NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90088 050 ****61.25

DOCUMENT # 740763

1. Entity Name
Seven Springs of the Palm Beaches, Inc.

94053401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 540671	Seven Springs of the P.B., Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Greenacres, FL	P.O. Box 540671
City & State	City & State
	Greenacres, FL
Zip 33454 Country USA	Zip 33454 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1846692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: St. John, Core, Fiore & Lemme, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1601 Forum Place, Suite 701
City: West Palm Beach FL Zip Code: 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	KALYNA, BARBARA
STREET ADDRESS	6322A Seven Springs Blvd
CITY-ST-ZIP	Greenacres, FL 33463
TITLE	VICE PRESIDENT
NAME	BOYLAN, SHIRLEY
STREET ADDRESS	6304A SEVEN SPRINGS BLVD.
CITY-ST-ZIP	Greenacres, FL 33463
TITLE	SECRETARY
NAME	HAMBRIGHT, GLORIA
STREET ADDRESS	6312B SEVEN SPRINGS BLVD
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	TREASURER
NAME	MERCER, CHUCK
STREET ADDRESS	6264A SEVEN SPRINGS BLVD
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	DIRECTOR
NAME	TACIK, JILL
STREET ADDRESS	6322C SEVEN SPRINGS BLVD
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Kalyna PRESIDENT 4/7/04 561-964-7985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #