

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

11-28-06 01046 012 \*61.25

DOCUMENT # 740763

1. Entity Name:  
SEVEN SPRINGS OF THE PALM BEACHES, INC.



FILED

07 MAR 26 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P.O. BOX 540671  
LAKE WORTH, FL 33454

Mailing Address  
SEVEN SPRINGS OF THE P.B., INC  
P.O. BOX 540671  
LAKE WORTH, FL 33454 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1650 N. Military Tr. #102

1650 N. Military Tr. #102

City & State

City & State

WPB FL

WPB FL

Zip

Zip

33409

Country

33409

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN, CORE, LEMME, P.A.A  
1601 FORUM PLACE  
STE. 701  
WEST PALM BEACH, FL 33401

Name St. John, Core & 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 *David St. John*, David St. John, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADID, SUHAIL 6255 C SEVEN SPRINGS BLVD. GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYLAN, SHIRLEY 6304A SEVEN SPRINGS BLVD. GREENACRES, FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMBRIGHT, GLORIA 6312B SEVEN SPRINGS BLVD. GREENACRES, FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, JOSE 6315 A SEVEN SPRINGS BLVD. GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TACIK, JILL 6322C SEVEN SPRINGS BLVD. GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shirley Boylan 6304 A Seven Springs Blvd. Greenacres FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Pres. Chuck Mercer 6304 A Seven Springs Blvd. Greenacres FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jorge Castilla 6315 C Seven Springs Blvd. Greenacres FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIC ROSADO 6342 B Seven Springs Blvd. Greenacres FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Claudio Brisson 6339 B Seven Springs Blvd. Greenacres FL 33463	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-06

Date

Daytime Phone #