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

APPROVED AND FILED
95 APR 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749608 (6)

1. Corporation Name
SEVEN LAKES HOMEOWNERS' ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
9824 E. LENOX CT. INVERNESS FL 34450	9824 E. LENOX CT. INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1979
3a. Date of Last Report: 04/27/1994
4. FEI Number: ~~APPLIED FOR~~ 59-236-3474 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3014 S. Skyline Dr.	26 3014 S. Skyline Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Inverness, Fl.	City & State 28 Inverness, FL
Zip / Country 24 34450-7424 25 USA	Zip / Country 29 34450-7424 30 USA

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

RIORDAN, KENNETH
3126 S. SKYLINE DR.
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name: BRINNITZER, CLAUS
82 Street Address (P.O. Box Number is Not Acceptable): 3014 S. Skyline Dr.
83
84 City: Inverness **FL** 85 Zip Code: 34450

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: Claus Brinnitzer — 3-31-95
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	1.1 TITLE		☐ Change ☐ Addition
NAME	WEBER, CARL	1.2 NAME		
STREET ADDRESS	9824 E. LENOX CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MULE', JEAN	2.2 NAME		
STREET ADDRESS	2910 S. SKYLINE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BRINNITZER, JUDITH	3.2 NAME	GREWE, PATRICIA	
STREET ADDRESS	3014 S. SKYLINE DR.	3.3 STREET ADDRESS	2824 S. ROSE AVE	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	ROSE, ANDREW	4.2 NAME	BRINNITZER, CLAUS	
STREET ADDRESS	9909 E. LAKE TAHOE RD.	4.3 STREET ADDRESS	3014 S. SKYLINE DR.	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	INVERNESS, FL 34450-7424	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCHUGH, WILLIAM	5.2 NAME		
STREET ADDRESS	9812 E. LENOX CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Patricia Grewe — 3-30-95 — 904-637-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia Grewe