

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # 749608 (6)

1. Corporation Name

SEVEN LAKES HOMEOWNERS' ASSOCIATION, INCORPORATE  
D



Principal Place of Business

3014 S. SKYLINE DR.  
INVERNESS FL 34450-7424  
US

Mailing Address

3014 S. SKYLINE DR.  
INVERNESS FL 34450-7424  
US

3. Date Incorporated or Qualified  
11/01/1979

3a. Date of Last Report  
04/26/1995

4. FEI Number  
59-2363474

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRINNITZER, CLAU  
3014 S. SKYLINE DR.  
INVERNESS FL 34450

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Claus Brinnitzer

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

NOTE: Registered Agent signature required when reinstating.

DATE

4-11-96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WEBER, CARL  
STREET ADDRESS 9824 E. LENOX CT.  
CITY-ST-ZIP INVERNESS FL

DELETE

TITLE VD  
NAME MULE, JEAN  
STREET ADDRESS 2910 S. SKYLINE DR.  
CITY-ST-ZIP INVERNESS FL

DELETE

TITLE SD  
NAME GREWE, PATRICIA  
STREET ADDRESS 2824 S. ROSE AVE.  
CITY-ST-ZIP INVERNESS FL

DELETE

TITLE TD  
NAME BRINNITZER, CLAU  
STREET ADDRESS 3014 S. SKYLINE DR.  
CITY-ST-ZIP INVERNESS FL

DELETE

TITLE D  
NAME MCHUGH, WILLIAM  
STREET ADDRESS 9812 E. LENOX CT.  
CITY-ST-ZIP INVERNESS FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME STONE, HOWARD  
1.3 STREET ADDRESS 9819 E. Lenox Ct  
1.4 CITY-ST-ZIP Inverness, FL 34450

Change Addition

2.1 TITLE VD  
2.2 NAME FITZGERALD, DAVID  
2.3 STREET ADDRESS 2900 S. Skyline Dr.  
2.4 CITY-ST-ZIP Inverness, FL 34450

Change Addition

3.1 TITLE SD  
3.2 NAME PATRICK, JEAN  
3.3 STREET ADDRESS 3228 S. Rose Ave.  
3.4 CITY-ST-ZIP Inverness, FL

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE D  
6.2 NAME WEBER, CARL  
6.3 STREET ADDRESS 9824 E. Lenox Ct  
6.4 CITY-ST-ZIP Inverness, FL 34450

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Daytime Phone #

CR2E037 (12/95)