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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **749608** **(6)**

1. Corporation Name

SEVEN LAKES HOMEOWNERS' ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
3014 S. SKYLINE DR. INVERNESS FL 34450-7424 US	3014 S. SKYLINE DR. INVERNESS FL 34450-7424 US

3. Date Incorporated or Qualified: **11/01/1979**
3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

BRINNITZER, CLAUS
3014 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)
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STONE, HOWARD		1.2 NAME		
STREET ADDRESS	9819 E. LENOX COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, DAVID		2.2 NAME		
STREET ADDRESS	2900 S. SKYLINE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PATRICK, JEAN		3.2 NAME		
STREET ADDRESS	3228 S. ROSE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRINNITZER, CLAUS		4.2 NAME		
STREET ADDRESS	3014 S. SKYLINE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	IVERNESS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEBER, CARL		6.2 NAME		
STREET ADDRESS	9824 E. LENOX COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: HOWARD STONE 1-23-97