


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northrup</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749608** (6)

1. Corporation Name

**SEVEN LAKES HOMEOWNERS' ASSOCIATION, INCORPORATE**  
**D**

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**

4. FEI Number

**59-2363474**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** **9928 E. LAKE TAHOE DR**

**26** **9928 E. LAKE TAHOE DR**

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

City & State

City & State

**23** **INVERNESS, FL**

**28** **INVERNESS, FL**

Zip

Country

Zip

Country

**24** **34450**

**25** **USA**

**29** **34450**

**30** **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANNITZER, CLAUD**  
**3014 S. SKYLINE DR.**  
**INVERNESS FL 34450**

81 Name

**HOGBERG, C.W.**

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

**9928 E. LAKE TAHOE DR.**

83

84 City

**INVERNESS**

**FL**

85 Zip Code

**34450**

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

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** ☐ DELETE

NAME **STONE, HOWARD**  
STREET ADDRESS **9819 E. LENOX COURT**  
CITY-ST-ZIP **INVERNESS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **FITZGERALD, DAVID**  
STREET ADDRESS **2900 S. SKYLINE DRIVE**  
CITY-ST-ZIP **INVERNESS FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **SD** ☒ DELETE

NAME **PATRICK, JEAN**  
STREET ADDRESS **3228 S. ROSE AVENUE**  
CITY-ST-ZIP **INVERNESS FL**

3.1 TITLE ☐ Change ☒ Addition

TITLE **TD** ☒ DELETE

NAME **BRANNITZER, CLAUD**  
STREET ADDRESS **3014 S. SKYLINE DR.**  
CITY-ST-ZIP **INVERNESS FL**

4.1 TITLE ☐ Change ☒ Addition

TITLE **D** ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **WEBER, CARL**  
STREET ADDRESS **9824 E. LENOX COURT**  
CITY-ST-ZIP **INVERNESS FL**

6.1 TITLE ☐ Change ☐ Addition

14. 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 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]* 1/10/98 352 637-5898

CR2E037 (10/97)