

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90138 002 ****61.25

DOCUMENT # 749608

1. Corporation Name

SEVEN LAKES HOMEOWNERS' ASSOCIATION, INCORPORATE
D

Principal Place of Business

9928 E. LAKE TAHOE DRIVE
INVERNESS FL 34450
US

Mailing Address

9928 E. LAKE TAHOE DR
INVERNESS FL 34450
US



2. Principal Place of Business

21 2900 S. Skyline Dr.

Suite, Apt. #, etc.

22 City & State

23 Inverness, FL

Zip

24 34450

Country

25 U.S.

2a. Mailing Address

26 2900 S. Skyline Dr.

Suite, Apt. #, etc.

27 City & State

28 Inverness, FL

Zip

29 34450

Country

30 U.S.

3. Date Incorporated or Qualified

11/01/1979

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

9. Name and Address of Current Registered Agent

HOGBERG, C.W.
9928 E. LAKE TAHOE DR.
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name

Lasky, Barry C.

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

3107 S. Skyline 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

BARRY C LASKY

Barry C Lasky

4-19-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

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

TITLE VD ☐ DELETE

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

TITLE SD ☐ DELETE

NAME LASKY, JOANNA
STREET ADDRESS 3017 SKYLINE DR
CITY-ST-ZIP INVERNESS FL 34450

TITLE TD ☐ DELETE

NAME HOGBERG, C.W.
STREET ADDRESS 9928 E. LAKE TAHOE DR
CITY-ST-ZIP INVERNESS FL 34450

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☒ Change ☐ Addition

1.2 NAME Fitzgerald, David D.
1.3 STREET ADDRESS 2900 S. Skyline Drive
1.4 CITY-ST-ZIP Inverness, FL 34450

2.1 TITLE Vice Pres./Director ☐ Change ☒ Addition

2.2 NAME Lasky, Barry
2.3 STREET ADDRESS 3017 S. Skyline Drive
2.4 CITY-ST-ZIP Inverness, FL 34450

3.1 TITLE Secretary/Director ☒ Change ☐ Addition

3.2 NAME Lasky, Joanna
3.3 STREET ADDRESS 3017 S. Skyline Drive
3.4 CITY-ST-ZIP Inverness, FL 34450

4.1 TITLE Director ☒ Change ☐ Addition

4.2 NAME Hogberg, C.W.
4.3 STREET ADDRESS 9928 E. Lake Tahoe Drive
4.4 CITY-ST-ZIP Inverness, FL 34450

5.1 TITLE Treas./Director ☐ Change ☒ Addition

5.2 NAME Therrien, David
5.3 STREET ADDRESS 2922 S. Jean Ave.
5.4 CITY-ST-ZIP Inverness, FL 34450

6.1 TITLE Director ☐ Change ☒ Addition

6.2 NAME Johnson, Robert
6.3 STREET ADDRESS 3027 S. Skyline Drive
6.4 CITY-ST-ZIP Inverness, FL 34450

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, with all other like empowered.

SIGNATURE:

David Therrien RECD (ATTN) THERRIEN 4/19/99 352-341-1026

CR2E037 (11/98)

Sheet1

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13	ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director	Addition
1.2 NAME	Raymer, John	
1.3 STREET ADDRESS	2919 S. Skyline Dr.	
1.4 CITY - ST - ZIP	Inverness FL 34450-7421	