

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749608

1. Entity Name Seven Lakes Park Homeowners' Association

NO/N/C Recorded

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90051 027 \*\*\*\*61.25

B0063024

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
880  
808 U.S. Highway 41 South  
PMB #108  
Inverness, FL 34450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

Barry Lasky  
3107 So. Skyline Drive  
Inverness, FL 34450

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P /D	Barry C. Lasky	3107 So. Skyline Dr.	Inverness, FL 34450	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V /D	Mike Groccia	9933 E. Windsor Court	Inverness, FL 34450	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T /D	David Therrien	2922 S. Jean Ave.	Inverness, FL 34450	<input type="checkbox"/>	<input type="checkbox"/>
S /D	Joanna Lasky	3107 S. Skyline Dr.	Inverness, FL 34450	<input type="checkbox"/>	<input type="checkbox"/>
B	Bob Johnson	3027 S. Skyline Dr.	Inverness, FL 34450	<input type="checkbox"/>	<input type="checkbox"/>
D	Joe Dunn	2913 E. Skyline Dr.	Inverness, FL 34450	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 30, 2000 852-637-5669

CR2E037 (9/99)