

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90266 042 \*\*\*\*61.25

**DOCUMENT # 749608**

1. Entity Name

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

Principal Place of Business

**2900 S. SKYLINE DR.  
INVERNESS FL 34450  
US**

Mailing Address

**808 U.S. HIGHWAY 41 SOUTH  
PMB #108  
INVERNESS FL 34450  
US**

2. Principal Place of Business

**2922 S. Jean Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Inverness, FL**

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip  
**34450**

Country  
**Citrus**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LASKY, BARRY C  
3107 S. SKYLINE DR.  
INVERNESS FL 34450**

Name

**Therrien, David**

Street Address (P.O. Box Number is Not Acceptable)  
**2922 S. Jean Ave**

City

**Inverness**

**FL**

Zip Code  
**34450**

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.

**David Therrien, President**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **MERRICK, RICK**  
STREET ADDRESS **2909 S SKYLINE DR**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **PD** ☒ Change ☐ Addition  
NAME **THERRIEN, DAVID**  
STREET ADDRESS **2922 S. JEAN AVE**  
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **D** ☒ Delete  
NAME **HOGBIRG, BUD**  
STREET ADDRESS **9928 E LAKE TAHOE DR**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **TD** ☐ Change ☒ Addition  
NAME **BRINNITZER, JUDITH**  
STREET ADDRESS **3014 S. SKYLINE DR**  
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **TD** ☐ Delete  
NAME **THERRIEN, DAVID**  
STREET ADDRESS **2922 S JEAN AVE**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **SD** ☐ Change ☒ Addition  
NAME **WALTER, JEANNETTE**  
STREET ADDRESS **2925 S. SKYLINE DR**  
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **D** ☐ Delete  
NAME **JOHNSON, BOB**  
STREET ADDRESS **3027 S SKYLINE DR**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ Change ☒ Addition  
NAME **MANNING, HOPE**  
STREET ADDRESS **2825 S. ROSE AVE**  
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **RAYMER, BETTY**  
STREET ADDRESS **2919 S. SKYLINE DR**  
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

**David Therrien**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(352) 341-1026**

CR2E037 (9/01)