

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90002 001 ****61.25

DOCUMENT # 749608

1. Entity Name

**SEVEN LAKES HOMEOWNERS' ASSOCIATION,
INCORPORATED**



Principal Place of Business

**2922 SW JEAN AVENUE
INVERNESS FL 34450
US**

Mailing Address

**1108 E INVERNESS BLVD PMB #108
INVERNESS FL 34450
US**

04017089



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

**THERRIEN, DAVID
2922 S. JEAN AVENUE
INVERNESS FL 34450**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David Therrien

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

David Therrien

(NOTE: Registered Agent signature required when reinstating)

3/9/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **BRINNITZER, JUDITH**
CITY-ST-ZIP **3014 S. SKYLINE DRIVE
INVERNESS FL 34450**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MERRICK, MARY**
CITY-ST-ZIP **2909 S SKYLINE DR
INVERNESS FL 34450**

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

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **RAYMER, BETTY**
CITY-ST-ZIP **2919 S. SKYLINE DRIVE
INVERNESS FL 34450**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Kenneth Koch**
CITY-ST-ZIP **10037 E Newport Ln
Inverness, FL 34450**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Donald Anderson**
CITY-ST-ZIP **3118 S Skyline Dr
Inverness, FL 34450**

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

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

TITLE ☐ Change ☐ Addition
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 *David Therrien*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

Date

3523411026

Daytime Phone #