

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90080 026 ****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**

2. Principal Place of Business

2909 S Skyline Dr

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Inverness FL

City & State

Zip

Country

34450

USA

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

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

7. Name and Address of New Registered Agent

Name

Rick Merrick

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

2909 S Skyline Dr.

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

SIGNATURE

Rick Merrick

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
Due By May 1, 2005**

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

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

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

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

TITLE **D** ☐ Delete
NAME **KOCH, KENNETH**
STREET ADDRESS **10037 E. NEWPORT LN.**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☒ Delete
NAME **ANDERSON, DONALD**
STREET ADDRESS **3118 S. SKYLINE DR.**
CITY-ST-ZIP **INVERNESS FL 34450**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **Rick Merrick**
STREET ADDRESS **2909 S Skyline Dr**
CITY-ST-ZIP **Inverness FL 34450**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Kurt Hofmeister**
STREET ADDRESS **3107 S Skyline Dr**
CITY-ST-ZIP **Inverness FL 34450**

TITLE **S/D** ☐ Change ☐ Addition
NAME **Mary Merrick**
STREET ADDRESS **2909 S Skyline Dr**
CITY-ST-ZIP **Inverness FL 34450**

TITLE **T/D** ☐ Change ☐ Addition
NAME **Judith Brinnitzer**
STREET ADDRESS **3014 S Skyline Dr**
CITY-ST-ZIP **Inverness FL 34450**

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

TITLE **D** ☒ Change ☐ Addition
NAME **David Therrien**
STREET ADDRESS **2922 S Jean Ave**
CITY-ST-ZIP **Inverness FL 34450**

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: Rick Merrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-341-2909