

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749608

FILED  
Sep 12, 2007  
Secretary of State

**Entity Name:** SEVEN LAKES HOMEOWNERS' ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

2909 S SKYLINE DR  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

3131 S. JEAN AVENUE  
INVERNESS, FL 34450 US

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MERRICK, RICK  
2909 S SKYLINE DR.  
INVERNESS, FL 34450 US

**Name and Address of New Registered Agent:**

COSTA, CLAUDIA  
3131 S. JEAN AVE.  
INVERNESS, FL 34450 US

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: CLAUDIA COSTA

09/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: BRINNITZER, JUDITH  
Address: 3014 S. SKYLINE DRIVE  
City-St-Zip: INVERNESS, FL 34450

Title: SD ( ) Delete  
Name: MERRICK, MARY  
Address: 2909 S SKYLINE DR  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: THERRIEN, DAVID  
Address: 2922 S JEAN AVE  
City-St-Zip: INVERNESS, FL 34450

Title: PD ( ) Delete  
Name: MERRICK, RICK  
Address: 2909 S SKYLINE DR  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: KOCH, KENNETH  
Address: 10037 E. NEWPORT LN.  
City-St-Zip: INVERNESS, FL 34450

Title: VD (X) Delete  
Name: HOFMEISTER, KURT  
Address: 3107 S SKYLINE DR  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: COSTA, CLAUDIA  
Address: 3131 S. JEAN AVE.  
City-St-Zip: INVERNESS, FL 34450

Title: VD (X) Change ( ) Addition  
Name: ROSE, RALPH  
Address: 3011 S. ROSE AVE.  
City-St-Zip: INVERNESS, FL 34450

Title: TD (X) Change ( ) Addition  
Name: LEMOINE, JAMIE  
Address: 9708 E. WOODMERE LN.  
City-St-Zip: INVERNESS, FL 34450

Title: ACD (X) Change ( ) Addition  
Name: ROSE, JOANN  
Address: 3011 S. ROSE AVE.  
City-St-Zip: INVERNESS, FL 34450

Title: S (X) Change ( ) Addition  
Name: MERRICK, MARY  
Address: 2909 S. SKYLINE DR.  
City-St-Zip: INVERNESS, FL 34450

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA COSTA

PRES

09/12/2007

Electronic Signature of Signing Officer or Director

Date