


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 749608	
1. Entity Name SEVEN LAKES HOMEOWNERS' ASSOCIATION, INCORPORATED	

Principal Place of Business 3131 S. JEAN AVENUE INVERNESS, FL 34450 US	Mailing Address 1108 E INVERNESS BLVD PMB #108 INVERNESS, FL 34450 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent
COSTA, CLAUDIA 3131 S. JEAN AVE. INVERNESS, FL 34450

FILED
09 MAR -2 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02242009 REIN-NP CR2E099 (1/07)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Claudia Costa P.D. **2/26/09** **352341-4489**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CLAUDIA COSTA

3/3 au