

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90121 034 ****61.25

DOCUMENT # 749608

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

1108 E. Inverness Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #108

City & State

**City & State
Inverness FL 34450**

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip Country Zip Country
34450 USA

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, President**

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

David Therrien

(NOTE: Registered Agent signature required when reinstating)

March 26, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRINNITZER, JUDITH 3014 S. SKYLINE DRIVE INVERNESS FL 34450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WALTER, JEANETTE 2925 S. SKYLINE DRIVE INVERNESS FL 34450	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THERRIEN, DAVID 2922 S JEAN AVE INVERNESS FL 34450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, BOB 3027 S SKYLINE DR INVERNESS FL 34450	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANNING, HOPE 2825 S. ROSE AVENUE INVERNESS FL 34450	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAYMER, BETTY 2919 S. SKYLINE DRIVE INVERNESS FL 34450	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Mary Merrick 2909 S Skyline Dr Inverness FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rick Merrick 2909 S Skyline Dr Inverness FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

March 26, 2003 (352) 341-1026

CR2E037 (10/02)