

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N02195

1. Entity Name
FIRST AT SEVENTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**708 NE FIRST ST
GAINESVILLE, FL 32601 US**

Mailing Address

**708 NE FIRST ST
GAINESVILLE, FL 32601 US**



02282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2672151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ORRICK, JOANNE
708 NE FIRST ST
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ORRICK, JOANNE
STREET ADDRESS 708 NE 1ST STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE VPD
NAME FROHNAPPLE, DAVID
STREET ADDRESS 714 NE 1ST STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE STD
NAME THOMAS, CHUCK
STREET ADDRESS 702 NE 1ST STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000687186
04/10/07-80029-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-07

Date

352-871-4595

Daytime Phone #