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Apr 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N17315 (5)

1. Corporation Name

SEVEN T'S CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

%JO ANN TENBUSCH  
14385 TAMiami TRAIL  
NORTH PORT FL 34287%JO ANN TENBUSCH  
14385 TAMiami TRAIL  
NORTH PORT FL 34287-27213. Date Incorporated or Qualified  
10/14/19863a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 14385 TAMiami TRAIL

26 14385 TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23 NORTH PORT, FL

28 NORTH PORT, FL

Zip

Country

Zip

Country

24 34287

25

29 34287

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCONNELL, CONNIE  
14385-A TAMiami TR  
NORTH PORT FL 34287

81 Name

Lucille Maillet

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

14385 TAMiami TRAIL

83

84 City

North Port

FL

85 Zip Code

34287

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lucille Maillet, Director

DATE: 3/26/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LUCILLE MAILLET  
STREET ADDRESS 14385 TAMiami TRAIL  
CITY-ST-ZIP NORTH PORT FL1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME THERESE FOURNIER  
1.3 STREET ADDRESS 14385 TAMiami TRAIL  
1.4 CITY-ST-ZIP NORTH PORT, FL 34287TITLE D ☐ DELETE  
NAME LOIS KOZAK  
STREET ADDRESS 14385 TAMiami TRAIL  
CITY-ST-ZIP NORTH PORT FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME TENBUSCH, JOANN  
STREET ADDRESS 14385 TAMiami TR  
CITY-ST-ZIP NORTH PORT FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucille Maillet, Director 3/26/97 (941) 406-0755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (9/96)