


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25481</b> 1. Entity Name <b>SEVENTH HEAVEN CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2109 CLEVELAND AVE. FT. MYERS, FL 33901 US</b>	Mailing Address <b>2109 CLEVELAND AVE. FT. MYERS, FL 33901 US</b>
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01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0121799</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>KREINBRINK, DANIEL W. 2109 CLEVELAND AVE. FT. MYERS, FL 33901</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000778153  
01/10/08-80036-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KREINBRINK, DANIEL W. 2109 CLEVELAND AVENUE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PULLING, JOHN A JR 6500 N AIRPORT PULLING NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLING, MARSHA FORD 6500 N AIRPORT PULLING NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Daniel W. Kreinbrink 1-8-08 239-337-1669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #