

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90187 018 \*\*\*\*70.00

<b>DOCUMENT # N29079</b> 1. Entity Name <b>SEVEN LOT HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>14051 SW 17 ST</b> <b>%GLENN GEOGHEGAN</b> <b>DAVIE, FL 33325 US</b>		Mailing Address <b>14051 SW 17 ST</b> <b>%GLENN GEOGHEGAN</b> <b>DAVIE, FL 33325 US</b>	
2. Principal Place of Business <b>RAQUEL E. GONZALEZ (PD) 14011 SW. 17th ST.</b> Suite, Apt. #, etc. <b>14011 SW. 17th ST.</b>		3. Mailing Address <b>14011 SW. 17th ST.</b> Suite, Apt. #, etc. <b>DAVIE</b>	
City & State <b>DAVIE, FL</b>		City & State <b>FLORIDA</b>	
Zip <b>33325</b>	Country <b>U.S.</b>	Zip <b>33325</b>	Country <b>U.S.</b>
4. FEI Number <b>65-0099638</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>GEOGHEGAN, GLENN</b> <b>14051 SW 17TH ST</b> <b>DAVIE, FL 33325</b>		7. Name and Address of New Registered Agent Name <b>RAQUEL E. GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>14011 SW. 17th ST.</b> <b>DAVIE</b> City <b>FLORIDA</b> <b>FL</b> Zip Code <b>33325</b>	
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 <i>RAQUEL E. GONZALEZ</i> <b>RAQUEL E. GONZALEZ</b> <b>03-02-06</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEOGHEGAN, GLENN 14051 SW 17TH ST DAVIE, FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. RAQUEL ESCUDERO-GONZALEZ 14011 SW 17th ST. DAVIE - FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEOGHEGAN, NANCY 14051 SW 17TH ST DAVIE, FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. BARBARA ESTIS 14141 SW. 17th ST. DAVIE, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLYNN, ASELA 14031 SW 17TH ST DAVIE, FL 33325 <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	<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	<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	<input type="checkbox"/> Delete	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 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: <i>RAQUEL E. GONZALEZ</i> <b>RAQUEL ESCUDERO-GONZALEZ, P.D.</b> <b>03-02-06</b> <b>(954) 829-7474</b> <small>Signature typed or printed name of signing officer or director P.D. Date Daytime Phone #</small>			

00001339



03062006 Chg-NP CR2E037 (11/05)