

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N29079

1. Entity Name
SEVEN LOT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**14011 SW 17 ST
C/O RAQUEL E. GONZALEZ
DAVIE, FL 33325 US**

Mailing Address
**14011 SW 17 ST
C/O RAQUEL E. GONZALEZ
DAVIE, FL 33325 US**



02082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0099638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, RAQUEL E
14011 SW 17TH ST
DAVIE, FL 33325**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD ESCUDERO-GONZALEZ, RAQUEL 14011 SW 17TH ST DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD3 ESTIS, BARBRA 14141 SW. 17TH ST FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLYNN, ASELA 14031 SW 17TH ST DAVIE, FL 33325
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03/06/07-80022-008 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: *Raquel E. Gonzalez* PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAQUEL E. GONZALEZ

02-21-07

Date

Daytime Phone #

(954) 829-7474