

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

FILED
Mar 10, 2008 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**



01292008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000854039
03/26/08-80092-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCUDEIRO-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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Raquel E. Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-14-08

(954) 476-7609