

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90082 003 \*\*\*\*61.25

**DOCUMENT # N96000005270**

1. Entity Name

THE SEVEN LAKER, INC.



Principal Place of Business

1965 SEVEN LAKES BOULEVARD  
FORT MYERS FL 33907

Mailing Address

1965 SEVEN LAKES BOULEVARD  
FORT MYERS FL 33907

24006748



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0712796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.  
14241 METROPOLIS AVE.  
SUITE 100  
FT MYERS FL 33912-0000

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CROMBE, JAMES  
STREET ADDRESS 7402 LAKE BREEZE DRIVE, #207  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ Delete  
NAME CROMBE, HELEN  
STREET ADDRESS 7402 LAKE BREEZE DRIVE, #207  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ Delete  
NAME KRIVISKY, SOL  
STREET ADDRESS 1747 PEBBLE BEACH DRIVE, #302  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ Delete  
NAME LUEBKE, DOROTHY  
STREET ADDRESS 1747 PEBBLE BEACH DRIVE, #208  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ Delete  
NAME DAY, WILLIAM  
STREET ADDRESS 7430 LAKE BREEZE DR. 502  
CITY-ST-ZIP FT. MYERS FL 33907

TITLE D ☐ Delete  
NAME KIRIN, CHARLES J  
STREET ADDRESS 1796 AUGUSTA DR SW #202  
CITY-ST-ZIP FORT MYERS FL 33907

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☐ Addition  
NAME CROMBE, JAMES  
STREET ADDRESS 1788 AUGUSTA DR. #202  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE S/D ☒ Change ☐ Addition  
NAME CROMBE, HELEN  
STREET ADDRESS 1788 AUGUSTA DR. #202  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

*James G. Crombe*, JAMES G. CROMBE

1/27/2004 239-482-4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #