## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005270

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FORT MYES, FL 33907

KIRIN, CHARLES J

() Delete

1796 AUGUSTA DR SW #202

FORT MYERS, FL 33907

tity Name: THE SEVENH AKED INC

FILED Feb 11, 2009 Secretary of State

Entity Name: THE SEVEN LAKER, INC. **Current Principal Place of Business: New Principal Place of Business:** 1965 SEVEN LAKES BOULEVARD FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 1965 SEVEN LAKES BOULEVARD FORT MYERS, FL 33907 FEI Number: 65-0712796 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, P.A. 14241 METROPOLIS AVE. SUITE 100 FT MYERS, FL 339120000 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CROMBE, JAMES Name: Name: 1788 AUGOSTA DR #202 Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: CROMBE, HELEN Name: Address: 1788 AUGUSTA DR #202 Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change () Addition KRIVISKY, SOL Name: Name: 1747 PEBBLE BEACH DRIVE, #302 Address: Address: City-St-Zip: FORT MYES, FL 33907 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: LUEBKE, DOROTHY Name: 1747 PEBBLE BEACH DRIVE, #208 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES G. CROMBE PRES 02/11/2009

() Change () Addition