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FILED

Feb 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733801

(5)

1. Corporation Name

BIG TREE LAKES PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

383 LAREDO ST  
LAKE GENEVA FL 32160  
USP. O. BOX 504  
LAKE GENEVA FL 32160-0504  
US3. Date Incorporated or Qualified  
09/11/19753a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1625501

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWELL, PAUL D. PA  
LAWRENCE BLVD  
KEYSTONE HEIGHTS FL 32656

81 Name

BROWN, TERENCE M. PA

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

486 TEMPLE AVE.

83

84 City

STARK ST

FL

85 Zip Code

32091

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Terence M. Brown

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

2/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BROCK, KAREN  
STREET ADDRESS 6075 OAKLEAF RD  
CITY - ST - ZIP DAYSTONE HEIGHTS FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE TD ☐ DELETE  
NAME HIPKINS, K JOAN  
STREET ADDRESS 7532 JEFFERSON CT  
CITY - ST - ZIP KEYSTONE HIEGHTS FL2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME TD  
2.3 STREET ADDRESS WINDGASSEN, ROBERT  
2.4 CITY - ST - ZIP 5806 S. CRATER CIRCLE  
Lake Geneva, FL 32160TITLE SD ☐ DELETE  
NAME HOPKINS, K JOAN  
STREET ADDRESS 7532 FEDDERSON CT  
CITY - ST - ZIP KEYSTONE HEIGHTS FL3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME SD  
3.3 STREET ADDRESS DIANE KING  
3.4 CITY - ST - ZIP 5800 BITTER ROOT ST.  
KEYSTONE HEIGHTS, FL 32656TITLE D ☐ DELETE  
NAME BADER, PAUL  
STREET ADDRESS 5741 OVERLOOK DR  
CITY - ST - ZIP KEYSTONE HEIGHTS FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME BOURGAULT, WILLIAM  
STREET ADDRESS 7679 SILVER SANDS RD  
CITY - ST - ZIP KEYSTONE HEIGHTS FL5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D  
5.3 STREET ADDRESS GARY NIX  
5.4 CITY - ST - ZIP 5866 OAK LEAF ROAD  
KEYSTONE HEIGHTS, FL 32656TITLE VD ☐ DELETE  
NAME BELK, WILLIAM  
STREET ADDRESS 7691 SILVER SANDS RD  
CITY - ST - ZIP DEYSTONE HEIGHTS6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME VD  
6.3 STREET ADDRESS GENE KING  
6.4 CITY - ST - ZIP 5800 BITTER ROOT ST.  
KEYSTONE HEIGHTS, FL 32656

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen M. Brock 352-473-7744  
2-14-97

CP2E037 (9/96)