

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90023 042 ****61.25

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1. Entity Name

BIG TREE LAKES PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business

**5383 LAREDO ST
KEYSTONE HEIGHTS FL 32656
US**

Mailing Address

**P O BOX 504
LAKE GENEVA FL 32160
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1625501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEIGER, JOHN R PA
4475 U.S. 1 SOUTH #406
SAINT AUGUSTINE FL 32086**

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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MONROE, PAUL
STREET ADDRESS 7604 W OSCEOLA CT
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

TITLE VD ☒ Delete
NAME MONROE, PAUL
STREET ADDRESS 7604 W OSCEOLA CT
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS VANESSA PAYO
CITY-ST-ZIP 7580 STONE RIVER CT
KEYSTONE HEIGHTS FL 32656

TITLE SD ☒ Delete
NAME RIESELMAN, KALEN
STREET ADDRESS 6075 OAK LEAF RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS WILLIAM WATSON
CITY-ST-ZIP 7525 GRAND MESA CIR
KEYSTONE HEIGHTS FL 32656

TITLE TD ☒ Delete
NAME EVANS, JOHN
STREET ADDRESS 5661 SILVER SANDS CIRCLE
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS JOE KOZEL
CITY-ST-ZIP 7563 OSCEOLA AVE
KEYSTONE HEIGHTS FL 32656

TITLE D ☐ Delete
NAME TURNER, ROBERT
STREET ADDRESS 5593 ARCADIA STREET
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☒ Change ☐ Addition
NAME VICE-PRESIDENT
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MOODY, AUSTIN
STREET ADDRESS 7661 COLORADO AVE.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS MICHAEL BRUCCOLI
CITY-ST-ZIP 7510 CHAPPEWA AVE
KEYSTONE HEIGHTS FL 32656

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William Watson **WILLIAM WATSON**

1-30-06

(352) 473-7744