

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001190 (6)

1. Corporation Name
VILLAGE ON LAKE GENEVA AT BRECKENRIDGE HOMEOWNER S' ASSOCIATION, INC.



Principal Place of Business: **19850 S. TAMiami TRAIL ESTERO FL 33928**
Mailing Address: **19850 S. TAMiami TRAIL ESTERO FL 33928**

3. Date Incorporated or Qualified: **03/13/1995**
3a. Date of Last Report

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4	FEI Number	Applied For
	59-3370452	<input type="checkbox"/> Not Applicable
5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
~~LOTURCO, JOSEPH D~~
~~19850 S. TAMiami TRAIL~~
~~ESTERO FL 33928~~

10. Name and Address of New Registered Agent
81 Name: **MICHAEL FLEMING**
82 Street Address (P.O. Box Number is Not Acceptable): **70 MICHAEL FLEMING & ASSOC INC**
83: **12734-32 KENWOOD LN**
84 City: **FORT MYERS** FL 85 Zip Code: **33907**

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: *Michael Fleming* (NOTE: Registered Agent signature required when reappointing) DATE: **4/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNEERINGER, EUGENE JR.	1.2 NAME	
STREET ADDRESS	19850 S. TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLLA, JOSEPH R	2.2 NAME	
STREET ADDRESS	52 CORPORATE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY 12212	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTURCO, JOSEPH D	3.2 NAME	
STREET ADDRESS	19850 S. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	5.00001864599
STREET ADDRESS		5.3 STREET ADDRESS	-06/18/96--01011--044
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph Mortham* DATE: **4/29/96** DAYTIME PHONE #: **941-9397526**

CR2E037 (12/95)