


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33928-2112
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Principal Place of Business C/O Marquis Management, Inc. 12661 New Brittany Blvd. Fort Myers, Fl. 33907	Mailing Address C/O Marquis Management, Inc. 12661 New Brittany Blvd. Fort Myers, Fl. 33907
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3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last Report 06/17/1996
4. FEI Number 59-3370452	Applied For <input type="checkbox"/> Not Applicable
i. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
ii. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
k. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

24	25	26	27
9. Name and Address of Current Registered Agent FLEMING, MICHAEL C/O MICHAEL FLEMING & ASSOC. INC. 12734-32 KENWOOD LN. FT. MYERS FL 33907		10. Name and Address of New Registered Agent Stilphen, Peter Marquis Management, Inc. 12661 New Brittany Blvd. Fort Myers, Fl. 33907	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named person certifies and 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 *Peter A Stilphen* **PETER A STILPHEN** DATE **3/7/97**

Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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]* DATE **3/7/97**

CF2E037 (9/96)