

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Mailing Address
C/O MARQUIS MANAGEMENT INC 12661 NEW BRITANNY BLVD FT MYERS FL 33907 US	C/O MARQUIS MANAGEMENT INC 12661 NEW BRITANNY BLVD FT MYERS FL 33907 US

3. Date Incorporated or Qualified	03/13/1995
4. FEI Number	59-3370452
Applied For	Not Applicable
Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

STILPHEN, PETER MARQUIS MANAGEMENT INC 12661 NEW BRITANNY BLVD FT. MYERS FL 33907	81 82 83 84	Stilphen, Peter Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US	85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNEERINGER, EUGENE JR.	1.2 NAME	FREDRICKSON, Richard
STREET ADDRESS	19850 S. TAMAMI TRAIL	1.3 STREET ADDRESS	4191 KIRBY LANE
CITY-ST-ZIP	ESTERO FL 33928	1.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	WA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLLA, JOSEPH R	2.2 NAME	E. HART SCHUETTE
STREET ADDRESS	52 CORPORATE CIRCLE	2.3 STREET ADDRESS	4177 KIRBY LANE
CITY-ST-ZIP	ALBANY NY 12212	2.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOTURCO, JOSEPH D	3.2 NAME	AULENBAC, Richard
STREET ADDRESS	19850 S. TAMAMI TRAIL	3.3 STREET ADDRESS	4165 KIRBY LANE
CITY-ST-ZIP	ESTERO FL 33928	3.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HART RUSSELL
STREET ADDRESS		4.3 STREET ADDRESS	4174 KIRBY LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	QUENZEL, EARL
STREET ADDRESS		5.3 STREET ADDRESS	4142 KIRBY LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ESTERO, FL 33928
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 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: *Richard Aulenback* **Richard AULENBAC** **4/23/98** **941-454-1500**

CF2E037 (10/97)