

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001190

1. Entity Name

VILLAGE ON LAKE GENEVA AT BRECKENRIDGE HOMEOWNER

Principal Place of Business

Mailing Address

C/O MARQUIS MGMT INC
9400 GLADIOLUS DR STE 100
FT MYERS FL 33908
US

C/O MARQUIS MANAGEMENT IN C
9400 GLADIOLAS DR STE 1000
FT MYERS FL 33908-6699
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3370452

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

**FLEMING, MICHAEL
C/O MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DR. #100
FT. MYERS FL 33908**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5:00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **FREDRCKSON, RICHARD**
STREET ADDRESS **4191 KIRBY LN**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **SCHUETTE, E HART**
STREET ADDRESS **4177 KIRBY LN**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **YPD** Change Addition
NAME **DONALD BAUSTRERI**
STREET ADDRESS **4153 KIRBY LANE**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **TD** Delete
NAME **AULENBACK, RICHARD**
STREET ADDRESS **4165 KIRBY LN**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **HARTT, RUSS**
STREET ADDRESS **4174 KIRBY LN**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D** Change Addition
NAME **JOE RUDNICK**
STREET ADDRESS **4183 KIRBY LANE**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **SD** Delete
NAME **REAUME, DOROTHY**
STREET ADDRESS **4195 KIRBY LANE**
CITY-ST-ZIP **ESTERBO FL 33928**

TITLE **SD** Change Addition
NAME **BONNIE ZEFF**
STREET ADDRESS **4205 KIRBY LANE**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 200

Date

Daytime Phone #

941-498-2388



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)