

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90078 040 \*\*\*\*61.25

**DOCUMENT # N95000001190**

1. Entity Name

**VILLAGE ON LAKE GENEVA AT BRECKENRIDGE HOMEOWNER S' ASSOCIATION, INC.**

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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3370452**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'NEILL, ARLENE**  
~~C/O MARQUIS MANAGEMENT INC.~~  
 9400 GLADIOLUS DR. #100  
 FT. MYERS FL 33908

Name **PRIME MANAGEMENT GROUP**  
 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 *Arlene O'Neill*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/14/02*

**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	<input checked="" type="checkbox"/> Delete
NAME	FREDRCKSON, RICHARD	
STREET ADDRESS	4191 KIRBY LN	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BAUSTRERI, DONALD	
STREET ADDRESS	4155 KIRBY LANE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AULENBACK, RICHARD	
STREET ADDRESS	4165 KIRBY LN	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUDNICK, JOE	
STREET ADDRESS	4183 KIRBY LANE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZEFF, BONNIE	
STREET ADDRESS	4203 KIRBY LANE	
CITY-ST-ZIP	ESTERBO FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Kenniff	
STREET ADDRESS	4172 Kirby Lane	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marge Schvette	
STREET ADDRESS	4177 Kirby Lane	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO Change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO Change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert L. Kenniff*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/12/02 941 495-5363*

CR2E037 (9/01)