

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001190

**FILED**  
**Apr 06, 2013**  
**Secretary of State**  
**CC5585851595**

**Entity Name:** VILLAGE ON LAKE GENEVA AT BRECKENRIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DRIVE SUITE 04  
FORT MYERS, FL 33913

**Current Mailing Address:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DRIVE SUITE 04  
FORT MYERS, FL 33913 US

**FEI Number: 59-3370452**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NASSOIY, SHERRY  
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DRIVE SUITE 04  
FORT MYERS, FL 33913 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name KENNIFF, ROBERT L  
Address 4172 KIRBY LANE  
City-State-Zip: ESTERO FL 33928

Title DVP  
Name CHAPMAN, LIN T  
Address 4178 KIRBY LANE  
City-State-Zip: ESTERO FL 33928

Title D  
Name STANCHEK, JOHN  
Address 4195 KIRBY LANE  
City-State-Zip: ESTERO FL 33928

Title DS  
Name LAVIS, VIVIAN  
Address 4151 KIRBY LANE6  
City-State-Zip: ESTERO FL 33928

Title DT  
Name QUENZEL, DEL  
Address 4142 KIRBY LANE  
City-State-Zip: ESTERO FL 33928

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT KENNIFF**

**PRESIDENT**

**04/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date