

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740313** (2)

1. Corporation Name

MID-FLORIDA LAKES VILLAGE CLUB AND HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**188 FOREST DR
LEESBURG FL 34788
US**

Mailing Address

**188 FOREST DR
LEESBURG FL 34788
US**

3. Date Incorporated or Qualified
10/04/1977

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 **188 Forest Drive**

26 **188 Forest Drive**

4. FEI Number
59-1800444

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Leesburg, Florida**

28 **Leesburg, Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **34788** 25 Country

29 **34788** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**W RICHARD THOREEN, ESO
116 E ALTONTE DR SUITE 210
ALTAMONTE SPRINGS FL 32701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **ALLEN, DALE**
STREET ADDRESS **123 MILLWOOD RD**
CITY-ST-ZIP **LEESBURG FL**

11 TITLE **President** ☒ Change ☐ Addition
12 NAME **Muenks, Eugene**
13 STREET ADDRESS **131 N. Lake Dr**
14 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **VP** ☐ DELETE
NAME **TOMKINSON**
STREET ADDRESS **110 STERLING WAY**
CITY-ST-ZIP **LEESBURG FL**

21 TITLE **Vice President** ☒ Change ☐ Addition
22 NAME **werner, Roland**
23 STREET ADDRESS **187 Crossways Dr**
24 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **S** ☐ DELETE
NAME **STAHNKE, ETHEL**
STREET ADDRESS **155 S. LAKE DRIVE**
CITY-ST-ZIP **LEESBURG FL**

31 TITLE **Secretary** ☐ Change ☐ Addition
32 NAME **Stahnke, Ethel**
33 STREET ADDRESS **155 S. Lake Drive**
34 CITY-ST-ZIP **Leesburg, FL**

TITLE **T** ☐ DELETE
NAME **POTVIN, PATRICIA**
STREET ADDRESS **112 MILLWOOD RD.**
CITY-ST-ZIP **LEESBURG FL**

41 TITLE **Treasurer** ☒ Change ☐ Addition
42 NAME **Montgomery, Catherine**
43 STREET ADDRESS **147 Pine Ridge Dr**
44 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **D** ☐ DELETE
NAME **SATTERTHWAITE, JAMES**
STREET ADDRESS **106 STERLING WAY**
CITY-ST-ZIP **LEESBURG FL**

51 TITLE **Director** ☒ Change ☐ Addition
52 NAME **Fentz, Marie**
53 STREET ADDRESS **120 Forest**
54 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **D** ☐ DELETE
NAME **BOWDISH, MARYELLA**
STREET ADDRESS **150 E STERLING WAY**
CITY-ST-ZIP **LEESBURG FL**

61 TITLE **Director** ☒ Change ☐ Addition
62 NAME **Rhoades, Mary**
63 STREET ADDRESS **176 N. Lake**
64 CITY-ST-ZIP **Leesburg, FL 34788**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Eugene F. Muenks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15

(352) 357-3692
Daytime Phone #

CR2E037 (12/95)