

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		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 34788-2641  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
10/04/1977

3a. Date of Last Report  
03/21/1996

4. FEI Number  
59-1800444

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

W RICHARD THOREN, ESQ  
116 E ALTOMONTE DR SUITE 210  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, DALE	
STREET ADDRESS	123 MILLWOOD RD	
CITY - ST - ZIP	LEESBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TOMKINSON	
STREET ADDRESS	110 STERLING WAY	
CITY - ST - ZIP	LEESBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STAHNKE, ETHEL	
STREET ADDRESS	155 S. LAKE DRIVE	
CITY - ST - ZIP	LEESBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	POTVIN, PATRICIA	
STREET ADDRESS	112 MILLWOOD RD.	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SATTERTHWAITE, JAMES	
STREET ADDRESS	106 STERLING WAY	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWDISH, MARYELLA	
STREET ADDRESS	150 E STERLING WAY	
CITY - ST - ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUENKS, Eugene	
1.3 STREET ADDRESS	131 N. Lake Dr	
1.4 CITY - ST - ZIP	Leesburg, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FENTZ, MARIE	
2.3 STREET ADDRESS	120 Forest	
2.4 CITY - ST - ZIP	Leesburg, FL	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STAHNKE, ETHEL	
3.3 STREET ADDRESS	155 S. Lake Drive	
3.4 CITY - ST - ZIP	Leesburg, FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Montgomery, Catherine	
4.3 STREET ADDRESS	147 Pine Ridge Dr	
4.4 CITY - ST - ZIP	Leesburg, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Satterthwaite James	
5.3 STREET ADDRESS	106 Sterling Way	
5.4 CITY - ST - ZIP	Leesburg, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bowdish Maryella	
6.3 STREET ADDRESS	150 E. Sterling Way	
6.4 CITY - ST - ZIP	Leesburg, FL	

14. I do 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:

*Eugene Muenks*

4/21/97

352 357 3692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DeVine Phone # 0070644

CR2E037 (9/96)