

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 10/04/1977	4. FEI Number 59-1800444	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**W RICHARD THOREEN, 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUENKS, EUGENE	1.2 NAME	Fentz, Marie
STREET ADDRESS	131 N LAKE DR	1.3 STREET ADDRESS	120 Forest
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTZ, MARIE	2.2 NAME	Worth, William
STREET ADDRESS	120 FOREST	2.3 STREET ADDRESS	117 Sterling Way
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHNKE, ETHEL	3.2 NAME	Samsel, Leona
STREET ADDRESS	155 S. LAKE DRIVE	3.3 STREET ADDRESS	107 Forest
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, CATHERINE	4.2 NAME	Montgomery, Catherine
STREET ADDRESS	147 PINE RIDGE DR	4.3 STREET ADDRESS	147 Pine Ridge Dr
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATTERTHWAITE, JAMES	5.2 NAME	Quinn, Charles
STREET ADDRESS	106 STERLING WAY	5.3 STREET ADDRESS	153 Forest
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWDISH, MARYELLA	6.2 NAME	White, Lucia
STREET ADDRESS	150 E STERLING WAY	6.3 STREET ADDRESS	117 W. Sterling Way
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	Leesburg, FL 34788

14. 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 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: *M. Marie Fentz, President*

4-7-98

CR2E037 (10/97)