


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90084 037 \*\*\*\*61.25

<b>DOCUMENT # N05000009088</b> 1. Entity Name <b>PONTOON YACHT CLUB OF LAKE COUNTY, INC.</b>					
Principal Place of Business <b>16925 DEER ISLAND RD TAVARES, FL 32778</b>			Mailing Address <b>16925 DEER ISLAND RD TAVARES, FL 32778</b>		
2. Principal Place of Business - No P.O. Box # <b>25223 RIVER CREST DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>25223 RIVER CREST DRIVE</b> Suite, Apt. #, etc.			
City & State <b>LEESBURG, FL</b> Zip <b>34748</b>		City & State <b>LEESBURG, FL</b> Zip <b>34748</b>		4. FEI Number <b>59-3160780</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HILL, TIMOTHY 16925 DEER ISLAND RD TAVARES, FL 32778</b>			7. Name and Address of New Registered Agent Name <b>GARY GEIGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>25223 RIVER CREST DRIVE</b> City <b>LEESBURG</b> <b>FL</b> Zip Code <b>34748</b>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Gary Geiger</i></u> <b>GARY GEIGER</b> <span style="float: right;">2-2-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GEIGER, GARY</b> <b>16925 DEER ISLAND RD</b> <b>TAVARES, FL 32778</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THOMAS STEVENS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COON, DALE</b> <b>16925 DEER ISLAND RD</b> <b>TAVARES, FL 32778</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TIMOTHY HILL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEAVER, KAY</b> <b>16925 DEER ISLAND RD</b> <b>TAVARES, FL 32778</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TERRY WEAVER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUBBERT, MITZIE</b> <b>16925 DEER ISLAND RD</b> <b>TAVARES, FL 32778</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROY WEDDLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN METER, JEAN</b> <b>16925 DEER ISLAND RD</b> <b>TAVARES, FL 32778</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u><i>Gary Geiger</i></u> <b>GARY GEIGER</b> <span style="float: right;">2-2-07 352-323-8364</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40009638



01242007 Chg-NP CR2E037 (12/06)