

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 # N17134 (0)

1. Corporation Name

MID-FLORIDA LAKES BOAT CLUB, INC.



Principal Place of Business

TRUAX, MARIE
101 WOODLAND
LEESBURG FL 34788
US

Mailing Address

C/O J. ROBERT DUGGAN
1029 WEST MAGNOLIA STREET
LEESBURG FL 34748-5730

3. Date Incorporated or Qualified
10/07/1986

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

21 BARVINSKI, MARIAN

2a. Mailing Address

26 Suite, Apt. #, etc.

22 174 S. LAKE DR

27 City & State

23 LEESBURG FL

28 Zip

24 34788

Country

25 USA

29 Zip

Country

30

4. FEI Number
59-2932224

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

DUGGAN, J. ROBERT
1029 WEST MAGNOLIA STREET
LEESBURG FL 32748

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

DUGGAN, J. ROBERT

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

(NOTE: Registered Agent signature required when reinstating)

3/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME FLECK, MARTHA
STREET ADDRESS 125 LAKEVIEW DRIVE MFL
CITY-ST-ZIP LEESBURG FL

DELETE

TITLE D
NAME BLAINE, GENE
STREET ADDRESS 115 N STERLINE WAY MFL
CITY-ST-ZIP LEESBURG FL

DELETE

TITLE D
NAME LANEAW, ART
STREET ADDRESS 205 HIGHLAND DRIVE MFL
CITY-ST-ZIP LEESBURG FL

DELETE

TITLE SEC
NAME JONES, MARTHA
STREET ADDRESS 101 W STERLING WAY MFL
CITY-ST-ZIP LEESBURG FL

DELETE

TITLE TRES
NAME TRUAX, MARIE
STREET ADDRESS 101 WOODLAND DRIVE MFL
CITY-ST-ZIP LEESBURG FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME BLAINE, CHARLES G.
1.3 STREET ADDRESS 115 W. STERLING WAY
1.4 CITY-ST-ZIP LEESBURG, FL 34788

Change Addition

2.1 TITLE D
2.2 NAME WHITE, RICHARD
2.3 STREET ADDRESS 104 WOODLAND DR.
2.4 CITY-ST-ZIP LEESBURG, FL 34788

Change Addition

3.1 TITLE D
3.2 NAME EDDISON, GAILIE
3.3 STREET ADDRESS 100 OAK TERRACE
3.4 CITY-ST-ZIP LEESBURG, FL 34788

Change Addition

4.1 TITLE SEC
4.2 NAME WOLFE, LINDA
4.3 STREET ADDRESS 177 HIGHLAND DR
4.4 CITY-ST-ZIP LEESBURG FL 34788

Change Addition

5.1 TITLE TRES
5.2 NAME BARVINSKI, MARIAN
5.3 STREET ADDRESS 174 S. LAKE DR
5.4 CITY-ST-ZIP LEESBURG, FL 34788

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Marian Barvinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

DATE

352-589-0017

Daytime Phone #

CR2E037 (12/95)