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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

BARVINSKI, MARIAN
174 S. LAKE DR
LEESBURG FL 34788
USC/O J. ROBERT DUGGAN
1029 WEST MAGNOLIA STREET
LEESBURG FL 34748-57303. Date Incorporated or Qualified
10/07/19863a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 BARVINSKI, MARIAN
Suite, Apt. #, etc.26 BARVINSKI, MARIAN
Suite, Apt. #, etc.

22 174 S. LAKE DR.

27 174 S. LAKE DR.

City & State

City & State

23 Leesburg, FL
Zip Country28 Leesburg, FL
Zip Country

24 34788 25 USA

29 34788 30 USA

4. FEI Number

59-2932224

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

Melvin G. McCombs

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

174 N. LAKE DR.

83

84 City

Leesburg

FL

85 Zip Code

34788

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 Melvin G. McCombs

Melvin G. McCombs

4/17/97

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE
NAME BLAINE, CHARLES G
STREET ADDRESS 115 W. STERLING WAY
CITY-ST-ZIP LEESBURG FLTITLE D ☐ DELETE
NAME WHITE, RICHARD
STREET ADDRESS 104 WOODLAND DR.
CITY-ST-ZIP LEESBURG FLTITLE D ☐ DELETE
NAME EDDISON, ELLIE
STREET ADDRESS 100 OAK TERRACE
CITY-ST-ZIP LEESBURG FLTITLE S ☐ DELETE
NAME WOLFE, LINDA
STREET ADDRESS 177 HIGHLAND DR
CITY-ST-ZIP LEESBURG FLTITLE T ☐ DELETE
NAME BARVINSKI, MARIAN
STREET ADDRESS 174 S. LAKE DR
CITY-ST-ZIP LEESBURG FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C ☒ Change ☐ Addition
1.2 NAME WHITE, RICHARD
1.3 STREET ADDRESS 104 WOODLAND DR
1.4 CITY-ST-ZIP LEESBURG, FL 347882.1 TITLE D ☒ Change ☐ Addition
2.2 NAME RAUB, PRED
2.3 STREET ADDRESS 152 S. LAKE DR
2.4 CITY-ST-ZIP LEESBURG, FL 347883.1 TITLE D ☒ Change ☐ Addition
3.2 NAME DOOLIN, GENE
3.3 STREET ADDRESS 138 PALM TREE DR
3.4 CITY-ST-ZIP LEESBURG, FL 347884.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97

Date

352-589-0017

Daytime Phone # 0070209

CR2E037 (9/96)