


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 BARVINSKI, MARIAN 174 S. LAKE DR LEESBURG FL 34788 US	Mailing Address BARVINSKI, MARIAN 174 S LAKE DR LEESBURG FL 34788 US
---	--

3. Date Incorporated or Qualified 10/07/1986	
4. FEI Number 59-2932224	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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

10. Name and Address of New Registered Agent

MCCOMBS, MELVIN G
174 N LAKE DR
LEESBURG FL 34788

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	WHITE, RICHARD	
STREET ADDRESS	104 WOODLAND DR	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAUB, FRED	
STREET ADDRESS	132 S LAKE DR	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOOLIN, GENE	
STREET ADDRESS	138 PINETREE DR	
CITY - ST - ZIP	LEESBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOLFE, LINDA	
STREET ADDRESS	177 HIGHLAND DR	
CITY - ST - ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARVINSKI, MARIAN	
STREET ADDRESS	174 S. LAKE DR	
CITY - ST - ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Marian Barvinski* **MARIAN BARVINSKI** 11/2/98 322-589-0017

CR2E037 (10/97)