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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17134

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/07/1986

4. FEI Number

59-2932224

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

MCCOMBS, MELVIN G
 174 N LAKE DR
 LEESBURG FL 34788

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, RICHARD	
STREET ADDRESS	104 WOODLAND DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	MAGINO, RALPH	
STREET ADDRESS	100 PINE TREE DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	DRC	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, RAMIRO	
STREET ADDRESS	146 LAKEVIEW DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, GLADYS	
STREET ADDRESS	146 LAKEVIEW DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	T	<input checked="" 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		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAGINO, RALPH	
1.3 STREET ADDRESS	100 PINE TREE DR	
1.4 CITY-ST-ZIP	LEESBURG, FL 34788	
2.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAGNON, ROLAND	
2.3 STREET ADDRESS	164 S LAKE DR	
2.4 CITY-ST-ZIP	LEESBURG FL 34788	
3.1 TITLE	DRC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COMEAU, ANDY	
3.3 STREET ADDRESS	142 E STERLING WAY	
3.4 CITY-ST-ZIP	LEESBURG FL 34788	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	YOUNG, ELLIE	
4.3 STREET ADDRESS	138 N. LAKE DR	
4.4 CITY-ST-ZIP	LEESBURG FL 34788	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	LEESBURG, FL 34788	
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, with all other like empowered.

SIGNATURE: *Marian Barvinski* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

352-589-0017

Daytime Phone #

CR2E037 (11/98)