

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 # N23677 (0)

1. Corporation Name

LAKE MINNEOLA/GENEVA ASSOCIATION, INC.



Principal Place of Business

**14503 MIDDLE FIELD DR
ODESSA FL 33556
US**

Mailing Address

**P O BOX 421
ODESSA FL 33556
US**

3. Date Incorporated or Qualified
12/01/1987

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2866960

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUCKER, BILL
1733 ROWLAND DR
ODESSA FL 33556**

81

Name

Pixton JOHN

82

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

14503 MIDDLE FIELD DR.

83

84

City

ODESSA.

FL

85

Zip Code

33556

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

John Pixton **JOHN PIXTON**

3/14/96

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

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

**TUCKER, BILL
1733 ROWLAND DR
ODESSA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

**REXTON, JOHN
14503 MIDDLEFIELD DR
ODESSA FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

**DOYLE, E. BEATRICE
14618 WATERLOO ROAD
ODESSA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**LANGE, GILBERT G.
1635 ROWLAND DR.
ODESSA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

**MCNABBE, RAY
14506 WATERLOO RD.
ODESSA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**PEREZ, JOHNNY
14602 WATERLOO RD
ODESSA FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

**Pixton JOHN
14503 MIDDLEFIELD DR.
ODESSA FL 33556**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ 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:

John Pixton **JOHN PIXTON**

3/14/96

813 9202372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)