


FILE NOW: FILING FEE IS \$61.25

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May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23677** (0)

1. Corporation Name

**LAKE MINNEOLA/GENEVA ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

**P O BOX 421  
ODESSA FL 33556-0421  
US**



3. Date Incorporated or Qualified **12/01/1987** 3a. Date of Last Report **03/20/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2866960</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent

**PIXTON, JOHN  
14503 MIDDLEFIELD DR  
ODESSA FL 33556**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, BILL</b>	1.2 NAME	<b>BILL TUCKER</b>
STREET ADDRESS	<b>1733 ROWLAND DR</b>	1.3 STREET ADDRESS	<b>1733 ROWLAND DR.</b>
CITY - ST - ZIP	<b>ODESSA FL</b>	1.4 CITY - ST - ZIP	<b>ODESSA, FL 33556</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIXTON, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>14503 MIDDLEFIELD DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ODESSA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOYLE, E. BEATRICE</b>	3.2 NAME	<b>DAVYLYN K. DeFORGE</b>
STREET ADDRESS	<b>14618 WATERLOO ROAD</b>	3.3 STREET ADDRESS	<b>1928 CHESAPEAKE DR.</b>
CITY - ST - ZIP	<b>ODESSA FL</b>	3.4 CITY - ST - ZIP	<b>ODESSA, FL 33556</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LANGE, GILBERT G.</b>	4.2 NAME	<b>ANDREW C. DeFORGE</b>
STREET ADDRESS	<b>1635 ROWLAND DR.</b>	4.3 STREET ADDRESS	<b>1928 CHESAPEAKE DR.</b>
CITY - ST - ZIP	<b>ODESSA FL</b>	4.4 CITY - ST - ZIP	<b>ODESSA, FL 33556</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCNABBE, RAY</b>	5.2 NAME	<b>JOHN NARCISI</b>
STREET ADDRESS	<b>14506 WATERLOO RD.</b>	5.3 STREET ADDRESS	<b>14631 MIDDLEFIELD</b>
CITY - ST - ZIP	<b>ODESSA FL</b>	5.4 CITY - ST - ZIP	<b>ODESSA, FL 33556</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEREZ, JOHNNY</b>	6.2 NAME	
STREET ADDRESS	<b>14602 WATERLOO RD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ODESSA FL</b>	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: DAVYLYN K. DeFORGE 4/25/97 813 845-8450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046004

CR2E037 (9/96)