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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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  
US**

3. Date Incorporated or Qualified

**12/01/1987**

4. FEI Number

**59-2866960**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **TUCKER, BILL**  
STREET ADDRESS **1733 ROWLAND DR**  
CITY-ST-ZIP **ODESSA FL**

TITLE **PD** ☐ DELETE  
NAME **PIXTON, JOHN**  
STREET ADDRESS **14503 MIDDLEFIELD DR**  
CITY-ST-ZIP **ODESSA FL**

TITLE **TD** ☐ DELETE  
NAME **DEFORGE, DAVYLYN K**  
STREET ADDRESS **1938 CHESAPEAKE DR.**  
CITY-ST-ZIP **ODESSA FL**

TITLE **D** ☐ DELETE  
NAME **LANGE, GILBERT G.**  
STREET ADDRESS **1635 ROWLAND DR.**  
CITY-ST-ZIP **ODESSA FL**

TITLE **D** ☐ DELETE  
NAME **DEFORGE, ANDREW C**  
STREET ADDRESS **1928 CHESAPEAKE DR.**  
CITY-ST-ZIP **ODESSA FL**

TITLE **VP** ☐ DELETE  
NAME **NARCISI, JOHN**  
STREET ADDRESS **14631 MIDDLEFIELD**  
CITY-ST-ZIP **ODESSA FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VP. DeForse Andrew C  
1928 Chesapeake Dr.  
Odessa, FL**

**D. Narcisi John  
14631 Middlefield  
Odessa, FL**

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: **Andrew C DeForse** 4-8-98 815-926-0529

CR2E037 (10/97)