## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N23677**

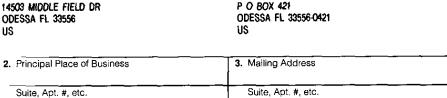
1. Entity Name

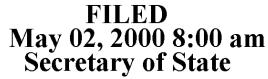
## LAKE MINNEOLA/GENEVA ASSOCIATION, INC.

Principal Place of Business 14503 MIDDLE FIELD DR

Mailing Address

P O BOX 421





05-02-2000 90121 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

City & State  Zip Country		City & State		4. FEI Number 59-2866960				oplied For
		Zip	Country	5 Cartificate of Status Desired		Not Applicable 88.75 Additional ee Required		
	6Name and Address of Currer	at Registered Agent		7Name and Add	tress of New Ber		. —	
	U. Hame and Address or Carrer	it negistered Agent	Name			<u> </u>		
					_ <del></del>			
PIXTON, JOHN			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	DOLEFIELD DR		}		<del></del>		<del>_</del> _	
ODESSA FL 33556			City	<del></del>	_	FL	Zip Coc	le
<del>_</del> _		<del>,</del>		<del></del>			L	
8. The above	named entity submits this statement	for the purpose of changing	g its registered office or re	egistered agent, or both, in	the state of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered Agent signature	required when reinstating)		DATE	·	
		<del></del>		<del></del>				
	Pro P MANA	6 Flootion Coren	cion Eineneine	\$5.00 May Be	Maka	Check Pa	wahla t	
	FILE NOW:	· ·	Election Campaign Financing     Trust Fund Contribution.			artment of		,
	FEE IS \$61.25	I doct and do		Added to Fees	Deb	arunem c	or State	
10.	OFFICERS AND D	DIBECTORS	11,	ADDITIONS/CHANG	ES TO OFFICER	S AND DIRE	CTORS IN	1 10
TITLE	PD	☐ Defete	TITLE				Change	Addition
NAME	PIXTON, JOHN	Boilete	NAME			•	_	<del></del>
STREET ADDRESS	14503 MIDDLEFIELD DR		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
	DDESSA FL	☐ Delete	TITLE	<del>_</del>			Change	Addition
TITLE NAME	DEFORGE, DAVYLYN K	☐ Deverte	NAME			•		
STREET ADDRESS		*	STREET ADDRESS	ومعالدها المهجات	ا جيسان			
CITY-ST-ZIP	1938 CHESAPEAKE DR.		CiTY~ST-ZIP					
	ODESSA FL		TITLE				☐ Change	Addition
TITLE	D LANCE CHOERT C	☐ Delete	NAME					
NAME STREET ADDRESS	LANGE, GILBERT G.		STREET ADDRESS					
CITY-ST-ZIP	1635 ROWLAND DR.		CITY-ST-ZIP					
	ODESSA FL				·		Change	☐ Addition
TITLE .	VP	☐ Delete	TITLE NAME			· ·	Change	Addition
NAME Street address	DEFORGE, ANDREW C		STREET ADDRESS	•				
CITY-ST-ZIP .	1928 CHESAPEAKE DRIVE		CITY-ST-ZIP					
<del></del> -	ODESSA FL			• • • • • • • • • • • • • • • • • • • •	<del></del>		7 (5	Addition
TITLE .	D San San	_ Delete	TITLE				□ Change	☐ Audinon
NAME	NARCISI, JOHN		NAME.			•		
STREET ADDRESS CITY-ST-ZIP	14631 MIDDLEFIELD		STREET ADDRESS CITY-ST-ZIP					
0111-31-4IP	ODESSA FL		<del></del>	<del></del>			7 05	
	1	☐ Delete	TITLE			l	Change	Addition
			■ MARAE 1					
NAME	]		NAME					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					

of the corporation or the receiver of trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like endowered. 813-926-0529

SIGNATURE: