

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90082 018 \*\*\*\*61.25

**DOCUMENT # N23677**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2866960**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIXTON, JOHN	
STREET ADDRESS	14503 MIDDLEFIELD DR	
CITY-ST-ZIP	ODESSA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEFORGE, DAVYLYN K	
STREET ADDRESS	1938 CHESAPEAKE DR.	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGE, GILBERT G.	
STREET ADDRESS	1635 ROWLAND DR.	
CITY-ST-ZIP	ODESSA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEFORGE, ANDREW C	
STREET ADDRESS	1928 CHESAPEAKE DRIVE	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARCISI, JOHN	
STREET ADDRESS	14631 MIDDLEFIELD	
CITY-ST-ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like equipment.

SIGNATURE:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02 813 926-0529

Date Daytime Phone #

CR2E037 (9/01)