

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90101 009 \*\*\*\*61.25

<b>DOCUMENT # N23677</b> 1. Entity Name <b>LAKE MINNEOLA/GENEVA ASSOCIATION, INC.</b>					
Principal Place of Business <b>14503 MIDDLE FIELD DR ODESSA, FL 33556 US</b>			Mailing Address <b>P O BOX 421 ODESSA, FL 33556 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2866960</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PIXTON, JOHN 14503 MIDDLEFIELD DR ODESSA, FL 33556</b>			7. Name and Address of New Registered Agent Name <b>Marcia Hicks</b> Street Address (P.O. Box Number is Not Acceptable) <b>14552 Waterloo Road</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Marcia Hicks</i></u> <span style="float: right;">1-9-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIXTON, JOHN 14503 MIDDLEFIELD DR ODESSA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEFORGE, DAVYLYN K 14433 SASSANDRA DR ODESSA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HICKS, MARCIA 14552 WATERLOO RD. ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Benedict Mercadante 1561 Rowland Drive Odessa, FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Benedict Mercadante 1561 Rowland Drive Odessa, FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Benedict Mercadante 1561 Rowland Drive Odessa, FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Benedict Mercadante 1561 Rowland Drive Odessa, FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.					
SIGNATURE: <u><i>Marcia Hicks</i></u> <span style="float: right;">Marcia Hicks 1-9-08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					