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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90203 023 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000001505**

1. Corporation Name

**USS LAKE CHAMPLAIN ASSOCIATION, INC.**

Principal Place of Business

**108 GRENADA STREET NORTHEAST  
 LAKE PLACID FL 33852**

Mailing Address

**108 GRENADA STREET NORTHEAST  
 LAKE PLACID FL 33852**



2. Principal Place of Business

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

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

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

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**03/15/1996**

4. FEI Number

**22-3072234**

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

9. Name and Address of Current Registered Agent

**RESKO, GEORGE F  
 108 GRENADA STREET NORTHEAST  
 LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

**81** Name **John C. Sauter**  
**82** Street Address (P.O. Box Number is Not Acceptable) **25750 Hickory Blvd #462**  
**83** City **Bonita Springs** **FL** **85** Zip Code **34134**

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 **John C. Sauter, President**

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

(NOTE: Registered Agent signature required when reinstating)

**5 February 1999**

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RESKO, GEORGE F	
STREET ADDRESS	108 GRENADA STREET NORTHEAST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRINNELL, RICHARD C	
STREET ADDRESS	108 GRENADA STREET NORTHEAST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NAZEK, PHILLIP E SR.	
STREET ADDRESS	108 GRENADA STREET NORTHEAST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCANN, CHARLES E	
STREET ADDRESS	108 GRENADA STREET NORTHEAST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John C. Sauter	
1.3 STREET ADDRESS	25750 Hickory Blvd #462	
1.4 CITY-ST-ZIP	Bonita Springs FL 34134	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eugene Carroll	
2.3 STREET ADDRESS	P.O. Box 131	
2.4 CITY-ST-ZIP	Interlocken, N.Y. 14847	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donald R. Scott	
3.3 STREET ADDRESS	345 South Oak St.	
3.4 CITY-ST-ZIP	Collage Hills, IL 62018	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	- same -	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 with all other like empowered.

SIGNATURE: **SIC. OFFICER REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5 February 1999-94-992-7655**

Date

Daytime Phone #

CR2E037 (11/98)