

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003227

**Entity Name:** GENEVA LAKE CONSERVANCY, INC.**Current Principal Place of Business:**398 MILL STREET  
FONTANA, WI 53125**Current Mailing Address:**PO BOX 588  
FONTANA, WI 53125 US**FEI Number:** 39-1418947**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            PARKER, DONALD J  
Address        354 FOREST DRIVE  
City-State-Zip: WILLIAMS BAY WI 53191

Title            SECRETARY  
Name            COBB, JOHN  
Address        416 W DEMING UNIT 3  
City-State-Zip: CHICAGO IL 60614

Title            DIRECTOR  
Name            HOLLAND, KATHERINE J  
Address        222 EAST ONWENTSIA ROAD  
City-State-Zip: LAKE FOREST IL 60045

Title            DIRECTOR  
Name            BROMLEY, MARK  
Address        W5838 GREENING ROAD  
City-State-Zip: WHITEWATER WI 53190

Title            CHAIRMAN  
Name            BRUNNER, KEVIN M  
Address        1155 W SOUTH STREET  
City-State-Zip: WHITEWATER WI 53190

Title            VC  
Name            NICKOLS, TOM  
Address        45 LAKEVIEW DR  
City-State-Zip: LAKE GENEVA WI 53147

Title            DIRECTOR  
Name            TODD, CHRISTOPHER  
Address        N1379 MEADOW RIDGE LANE  
City-State-Zip: LAKE GENEVA WI 53147

Title            DIRECTOR  
Name            ALDRED, ELIZABETH  
Address        2002 LILLY STREET  
City-State-Zip: EAST TROY WI 53120

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN COBB****SECRETARY****02/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STEELE, SUSAN  
Address 398 MILL STREET  
City-State-Zip: FONTANA WI 53125

Title DIRECTOR  
Name ASCHLIMAN, MARK  
Address 711 CEDAR POINT DRIVE  
City-State-Zip: WILLIAMS BAY WI 53191

Title DIRECTOR  
Name FREYTAG, KRISTEN  
Address 533 NORTH LAKE SHORE DRIVE  
City-State-Zip: FONTANA WI 53125

Title DIRECTOR  
Name JOHNSON, BRUCE  
Address W4315 LAUREL STREET  
City-State-Zip: LAKE GENEVA WI 53147

Title DIRECTOR  
Name CONSTABLE, MARY  
Address 398 MILL STREET  
City-State-Zip: FONTANA WI 53125

Title DIRECTOR  
Name DIAMOND, STEVE  
Address N1591 CHICAGO CLUB  
City-State-Zip: FONTANA WI 53125

Title DIRECTOR  
Name GALLAGHER, PATRICK  
Address N1915 BEACH ROAD  
City-State-Zip: LAKE GENEVA WI 53147

Title DIRECTOR  
Name MILOJEVIC, CINDY  
Address N1562 SYBIL LANE  
City-State-Zip: FONTANA WI 53125