

**2019 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 DIRECTOR  
Name JORDAN, DENNIS E  
Address 1390 EDGEWOOD DRIVE  
City-State-Zip: LAKE GENEVA WI 53147

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

Title DIRECTOR  
Name COLMAN, CHARLES L  
Address W4461 NORTH LAKE SHORE DRIVE  
City-State-Zip: WILLIAMS BAY WI 53191

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

Title DIRECTOR  
Name DANOU, CHRIS  
Address 393 W GENEVA ST  
City-State-Zip: WILLIAMS BAY WI 53191

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

Title SECRETARY  
Name MADONIA, JOE  
Address 1384 SARATOGA  
City-State-Zip: LAKE GENEVA WI 53147

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

**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: DONALD PARKER****TREASURER****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title                 DIRECTOR  
Name                BOSTROM, DEAN  
Address             N7631 BAYSHORE DR  
City-State-Zip:   ELKHORN WI 53121