

2018 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 CHAIRMAN
Name JORDAN, DENNIS E
Address 1390 EDGEWOOD DRIVE
City-State-Zip: LAKE GENEVA WI 53147

Title ASST. SECRETARY
Name FISHER, WENDY PERKS
Address 946 CEYLON CT
City-State-Zip: LAKE GENEVA WI 53147

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

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

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

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

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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: DENNIS JORDAN**CHAIRMAN****06/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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