

**DOCUMENT # 747485**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

**GREENWOOD LAKES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

168 DUBLIN DR  
LAKE MARY FL 32746  
US

P O BOX 950293  
LK MARY FL 32795-0293  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2059327**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMIE M DYE  
225 DUBLIN DRIVE  
LAKE MARY FL 32746

Name Debra L Wert  
Street Address (P.O. Box Number is Not Acceptable)  
172 Dublin Drive  
City Lake Mary FL Zip Code 32746

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.

SIGNATURE Debra L Wert, Treas.

Debra L Wert

1/8/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM MORAWA	
STREET ADDRESS	240 DUBLIN DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AZARIAN, SEAN	
STREET ADDRESS	237 DUBLIN DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JAMIE DYE	
STREET ADDRESS	225 DUBLIN DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMSKI, DEBBIE	
STREET ADDRESS	168 DUBLIN DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	CM	<input checked="" type="checkbox"/> Delete
NAME	KOVACSIK, RICK	
STREET ADDRESS	128 DUBLIN DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duncan Jerman	
STREET ADDRESS	230 Dublin Drive	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flo Wheeler	
STREET ADDRESS	236 Dublin Dr.	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra L Wert	
STREET ADDRESS	172 Dublin Drive	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamski, Debbie	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Cramer	
STREET ADDRESS	113 Dublin Drive	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Debra L Wert

1/9/2000

407-323-4736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

KE