

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747485

1. Entity Name

GREENWOOD LAKES HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-17-2002 90001 041 ****61.25

Principal Place of Business

Mailing Address

168 DUBLIN DR
LAKE MARY FL 32746
US

P O BOX 950293
LK MARY FL 32795
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Judy Cramer

Street Address (P.O. Box Number is Not Acceptable)

113 Dublin Drive

City

Lake Mary, FL

FL

Zip Code

32746

CRAMER, JUDY K
113 DUBLIN DR
LAKE MARY FL 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

Judy K. Cramer

Judy K. Cramer

1-29-02

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

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | JERMAN, DUNCAN | |
| STREET ADDRESS | 232 DUBLIN DR | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | WOODS, CHERYL | |
| STREET ADDRESS | 117 TIPPERARY DR | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ROTHENBURG, ROBERT | |
| STREET ADDRESS | 111 DONEGAL AVE | |
| 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 | TD | <input type="checkbox"/> Delete |
| NAME | CRAMER, JUDY | |
| STREET ADDRESS | 113 DUBLIN DR | |
| CITY-ST-ZIP | LK MARY FL 32746 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Debbie Jamski, D | |
| STREET ADDRESS | 168 Dublin Drive | |
| CITY-ST-ZIP | Lake Mary, FL 32746 | |
| TITLE | VI | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert Rothenberg, D | |
| STREET ADDRESS | 111 Donegal Ave | (same) |
| CITY-ST-ZIP | Lake Mary, FL 32746 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rene Bowers, D | |
| STREET ADDRESS | 110 Erin Ct | |
| CITY-ST-ZIP | Lake Mary, FL 32746 | |
| TITLE | J | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Judy Cramer, D | |
| STREET ADDRESS | 113 Dublin Drive | (same) |
| CITY-ST-ZIP | Lake Mary, FL 32746 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Arthur Jockine, D | |
| STREET ADDRESS | 269 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:

Judy K. Cramer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02 407-324-7553

Date

Daytime Phone #

CR2E037 (9/01)