

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90030 026 ****61.25

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DOCUMENT # 759860

1. Entity Name

GREENWOOD LAKES - UNIT 3 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

584 LAKESHORE CIRCLE
LAKE MARY FL 32746

584 LAKESHORE CIRCLE
LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

P.O. Box 953184

P.O. Box 953184

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary, Florida

City & State

Lake Mary, Florida

4. FEI Number

74-2004853

Applied For

Not Applicable

Zip

Country

32795-3184 USA

Zip

Country

32795-3184 USA

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

**BENNETT, EVELINE
413 LAKESHORE DRIVE
LAKE MARY FL 32746**

Name

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

City

FL

Zip Code

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

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: **PD** Delete
 NAME: **RICCI, JOHN**
 STREET ADDRESS: **584 LAKESHORE CIRCLE**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **President** Change Addition
 NAME: **Jaak Kaufman**
 STREET ADDRESS: **521 Lakeshore Circle**
 CITY-ST-ZIP: **Lake Mary, Florida 32746**

TITLE: **DS** Delete
 NAME: **BENNETT, EVELINE**
 STREET ADDRESS: **413 LAKESHORE CIRCLE**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VP** Delete
 NAME: **WHITING, VALORIE**
 STREET ADDRESS: **569 LAKESHORE CIRCLE**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **T** Delete
 NAME: **SUPRANER, NEIL**
 STREET ADDRESS: **553 LAKESHORE CIRCLE**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **Treasurer** Change Addition
 NAME: **Sandy Dean**
 STREET ADDRESS: **404 Lakeshore Drive**
 CITY-ST-ZIP: **Lake Mary, Florida 32746**

TITLE: **D** Delete
 NAME: **STALLARD, RANDY**
 STREET ADDRESS: **344 BUTTONWOOD WAY**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **Director** Change Addition
 NAME: **Tim Ross**
 STREET ADDRESS: **794 Glenwood Drive**
 CITY-ST-ZIP: **Lake Mary, Florida 32746**

TITLE: **D** Delete
 NAME: **BARRETT, LAURA**
 STREET ADDRESS: **348 BUTTONWOOD WAY**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **Director** Change Addition
 NAME: **Kathy Patton**
 STREET ADDRESS: **324 Buttonwood Drive**
 CITY-ST-ZIP: **Lake Mary, Florida 32746**

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:

John Ricci
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/02 407-869-6463

CR2E037 (9/01)