

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90150 016 \*\*\*\*61.25

000405

**DOCUMENT # 759860**

1. Entity Name  
**GREENWOOD LAKES - UNIT 3 HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**PO BOX 953184  
LAKE MARY FL 32795-3184**

Mailing Address  
**PO BOX 953184  
LAKE MARY, FL 32795-3184**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **74-2004853**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BENNETT, EVELINE  
413 LAKESHORE DRIVE  
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eveline Bennett* **Eveline Bennett** **7/28/03**  
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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JACK, KAUFMAN</b> <b>521 LAKESHORE CIRCLE</b> <b>LAKE MARY FL 32746</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BENNETT, EVELINE</b> <b>413 LAKESHORE CIRCLE</b> <b>LAKE MARY FL 32746</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WHITING, VALORIE</b> <b>569 LAKESHORE CIRCLE</b> <b>LAKE MARY FL 32746</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SANDY, DEAN</b> <b>404 LAKESHORE DR</b> <b>LAKE MARY FL 32746</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TIM, ROSE</b> <b>GLENWOOD DR</b> <b>LAKE MARY FL 32746</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KATHY, PATTON</b> <b>324 BUTTONWOOD DR</b> <b>LAKE MARY FL 32746</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Demartini</b> <b>445 Lakeshore Dr.</b> <b>Lake Mary FL 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Donahue</b> <b>332 Buttonwood Dr.</b> <b>Lake Mary FL 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bill Ratchford</b> <b>441 Lakeshore Dr.</b> <b>Lake Mary FL 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chuck Donaldson</b> <b>449 Lakeshore Dr.</b> <b>Lake Mary FL 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b>

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: *Sandra V. Dean* **SIGNATURE REQUIRED** **7-28-03** **409-328-6352**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E037 (4/03)