FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29299** **(7)**

1. Corporation Name

GENEVA LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
% PAUL D. NEWELL 12 LAWRENCE BLVD., SUITE 201, NEWELL BLDG. KEYSTONE HEIGHTS FL 32656	% PAUL D. NEWELL 12 LAWRENCE BLVD., SUITE 201, NEWELL BLDG. KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1988**
3a. Date of Last Report: **03/30/1994**
4. FEI Number: **59-2997775** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

NEWELL, PAUL D.
12 LAWRENCE BLVD.
SUITE 201, NEWELL BLDG.
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	ALVAREZ, JERRY N.	12 NAME	Allen, Hershel	
STREET ADDRESS	RT 2, BOX 2439, N/A	13 STREET ADDRESS	RR 2 Box 2437C	
CITY-ST-ZIP	MELROSE FL 32666	14 CITY-ST-ZIP	Melrose, FL 32666	
TITLE	VD	21 TITLE	VD	☑ Change ☐ Addition
NAME	EHINGER, EDWARD	22 NAME	Tuttle, LARRY	
STREET ADDRESS	P.O. BOX 1538 N/A	23 STREET ADDRESS	RR 2 Box 2453	
CITY-ST-ZIP	KEYSTONE HTS, FL 32656	24 CITY-ST-ZIP	Melrose, FL 32666	
TITLE	TSD	31 TITLE	TSD	☑ Change ☐ Addition
NAME	ALVAREZ, SUE	32 NAME	Tomlinson, Tommy	
STREET ADDRESS	RT. 2 BOX 2439 N/A	33 STREET ADDRESS	RR 2 Box 2440	
CITY-ST-ZIP	MELROSE FL 32666	34 CITY-ST-ZIP	Melrose, FL 32666	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tommy Tomlinson Tommy Tomlinson 5/1/95 475-3078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0030199