

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/15/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALLEN, HERSCHEL ☒ DELETE
STREET ADDRESS RT 2, BOX 2437C
CITY-ST-ZIP MELROSE FL

TITLE VD
NAME TUTTLE, LARRY ☒ DELETE
STREET ADDRESS RT 2, BOX 2453
CITY-ST-ZIP MELROSE FL

TITLE TSD
NAME TOMLINSON, TOMMY ☒ DELETE
STREET ADDRESS RT 2, BOX 2440
CITY-ST-ZIP MELROSE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Reynolds, Jeanette
1.3 STREET ADDRESS RT 2 Box 2448A
1.4 CITY-ST-ZIP Melrose FL 32666

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Reynolds, Jack
2.3 STREET ADDRESS Rt 2 Box 2448A
2.4 CITY-ST-ZIP Melrose FL 32666

3.1 TITLE TSD ☒ Change ☐ Addition
3.2 NAME Bostick, Angela
3.3 STREET ADDRESS Rt 2, Box 2404
3.4 CITY-ST-ZIP Melrose FL 32666

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: Angela A Bostick 4/2/96 (901) 475-5904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)