

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29299** (7)
1. Corporation Name
GENEVA LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business % PAUL D. NEWELL 12 LAWRENCE BLVD., SUITE 201, NEWELL BLDG. KEYSTONE HEIGHTS FL 32656	Mailing Address % PAUL D. NEWELL 12 LAWRENCE BLVD., SUITE 201, NEWELL BLDG. KEYSTONE HEIGHTS FL 32656
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3. Date Incorporated or Qualified 11/15/1988	4. FEI Number 58-2997775	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
			FL	

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	REYNOLDS, JEANETTE
STREET ADDRESS	RT 2 BX 2448A
CITY-ST-ZIP	MELROSE FL 32666
TITLE	VD
NAME	REYNOLDS, JACK
STREET ADDRESS	RT 2 BOX 2448A
CITY-ST-ZIP	MELROSE FL 32666
TITLE	TSD
NAME	PERRY, MARY A
STREET ADDRESS	651 SE 28TH WAY
CITY-ST-ZIP	MELROSE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	MARY ANN PERRY
1.3 STREET ADDRESS	651 SE 28TH WAY
1.4 CITY-ST-ZIP	MELROSE FL 32666
2.1 TITLE	VD
2.2 NAME	MORT PERRY
2.3 STREET ADDRESS	651 S.E 28th WAY
2.4 CITY-ST-ZIP	MELROSE FL 32666
3.1 TITLE	STD
3.2 NAME	MARTHA ALLEN
3.3 STREET ADDRESS	439 SE 28TH WAY
3.4 CITY-ST-ZIP	MELROSE FL 32666
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Mary Ann Perry* MARY ANN PERRY 1/26/98 352-475-5219

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