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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29299

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/15/1988

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

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

81

Name
Paul D. Newell

82

Street Address (P.O. Box Number is Not Acceptable)
260 A Lawrence Blvd., Ste. 201

83

84

City
Keystone Heights,

FL

85

Zip Code
32656

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** ☐ DELETE
NAME **PERRY, MARY ANN**
STREET ADDRESS **651 SE 28TH WAY**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **VD** ☐ DELETE
NAME **PERRY, MORT**
STREET ADDRESS **651 SE 28TH WAY**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **STD** ☐ DELETE
NAME **ALLEN, MARTHA**
STREET ADDRESS **439 SE 28TH WAY**
CITY-ST-ZIP **MELROSE FL 32666**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)