

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29299

1. Entity Name

GENEVA LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90081 013 ****61.25

Principal Place of Business Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2997775 Not Applicable

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

6. Name and Address of Current Registered Agent

NEWELL, PAUL D
260 A LAWRENCE BLVD
SUITE 201
KEYSTONE HEIGHTS FL 32656

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.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERRY, MARY ANN	
STREET ADDRESS	651 SE 28TH WAY	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRY, MORT	
STREET ADDRESS	651 SE 28TH WAY	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, MARTHA	
STREET ADDRESS	439 SE 28TH WAY	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spradley, Lavora J.	
STREET ADDRESS	637 E. 28th Way	
CITY-ST-ZIP	Melrose, FL 32666	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lavora J. Spradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2000

Date

Daytime Phone #

CR2E037 (9/99)