

8/1

FILED

Sep 06, 2001 8:00 am  
Secretary of State

08-15-2001 90002 047 \*\*\*\*61.25

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29299

1. Entity Name

GENEVA LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

637 SE 28th Way  
Suite, Apt. #, etc.

3. Mailing Address

637 SE 28th Way  
Suite, Apt. #, etc.

City &amp; State

Melrose, FL

City &amp; State

Melrose, FL

4. FEI Number

59-2997775

Applied For

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PERRY, MARY ANN	
STREET ADDRESS	651 SE 28TH WAY	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	VD	<input checked="" 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	SPRADLEY, LAVORA J	
STREET ADDRESS	637 S.E. 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	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY H. SPRADLEY	
STREET ADDRESS	637 S.E. 28th WAY	
CITY-ST-ZIP	MELROSE, FL 32666	
TITLE	V. PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE HARPER	
STREET ADDRESS	P.O. BOX 693	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32666	
TITLE	Sec. TREAS./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON COY	
STREET ADDRESS	379 S.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		

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:

RAY H. SPRADLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-01

Date

352-475-6269

Daytime Phone #

CR2E037(S/01)