

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-25-2002 90572 027 ****61.25

DOCUMENT # N40017

1. Entity Name

GREATER COUNTRY ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business P.O. BOX 1753 MOUNT DORA FL 32757 US	Mailing Address P.O. BOX 1753 MOUNT DORA FL 32757 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3030460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BEAN, PAMELA C 7802 LAKE ANDREA CIRCLE MOUNT DORA FL 32757	7. Name and Address of New Registered Agent Name TENNYSON, WALTER A Street Address (P.O. Box Number is Not Acceptable) 7736 LAKE ANDREA CIRCLE City MOUNT DORA FL Zip Code 32757
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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 *W.A. Tennyson* **WALTER A TENNYSON** SEC'Y/TREASURER **02/15/02**
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME SCHUTZ, MICHAEL	TITLE P / D	NAME KNIBBS, SONIA K
	STREET ADDRESS 7741 LAKE ANDREA CIRCLE		STREET ADDRESS 7723 LAKE ANDREA CIRCLE
	CITY-ST-ZIP MOUNT DORA FL 32757		CITY-ST-ZIP MOUNT DORA, FL 32757
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	NAME BEAN, PAMELA	TITLE VP / D	NAME ESTEY, DORA MAE
	STREET ADDRESS 7802 LAKE ANDREA CIR		STREET ADDRESS 7681 LAKE ANDREA CIRCLE
	CITY-ST-ZIP MOUNT DORA FL 32757		CITY-ST-ZIP MOUNT DORA, FL 32757
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD	NAME KNIBBS, SONIA	TITLE ST / D	NAME TENNYSON, WALTER A
	STREET ADDRESS 7723 LAKE ANDREA CIR.		STREET ADDRESS 7736 LAKE ANDREA CIRCLE
	CITY-ST-ZIP MOUNT DORA FL		CITY-ST-ZIP MOUNT DORA, FL 32757
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME WILLIAMS, FAIRESS	TITLE	NAME
	STREET ADDRESS 7771 LAKE ANDREA CIRCLE		STREET ADDRESS
	CITY-ST-ZIP MOUNT DORA FL		CITY-ST-ZIP
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *W.A. Tennyson* **WALTER A TENNYSON** **02/15/02** **(352) 735-2791**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)