# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 09, 2001 8:00 am**
**Secretary of State**
01-09-2001 90004 005 ****61.25

DOCUMENT # N93000004042

1. Entity Name

GREATER GROVES HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O POST OFFICE BOX 3873<br>LONGWOOD FL 32791 | C/O POST OFFICE BOX 3873<br>LONGWOOD FL 32791 |

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 59-3199776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BECKETT, WILLIAM A<br>215 NORTH EOLA DRIVE<br>ORLANDO FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MANDELL, ROBERT A<br>1105 KENSINGTON PARK DRIVE<br>ALTAMONTE SPRINGS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PATRICIA HART<br>15501 GREATER GROVES BLVD<br>CLEARMONT FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Smith, Greta<br>2013 Jaffa Ct<br>Clermont FL 34711 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SNYDER, SIMON D<br>1105 KENSINGTON PARK DRIVE<br>ALTAMONTE SPRINGS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>NOBLITT, JUNE<br>15917 GREATER GROVES BLVD<br>CLERMONT F | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Stebner, Robert<br>1617 Nectarine Trail<br>Clermont FL 34711 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>EDWARDS, MARK<br>2216 PINK GRRAPEFRUIT TRAIL<br>CLERMONT F | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Ley, Kenneth<br>1601 Nectarine Trail<br>Clermont FL 34711 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CARTER, PAM<br>15605 GREATER GROVES BLVD<br>CLERMONT FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Herold Donald<br>2012 Onecco Ct<br>Clermont FL 34711 ☐ Change ☑ 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:** SIGNATURE REQUIRED SIMON D. SNYDER 1-04-01 407-869-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/00)