2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90032 033 ****96.25

095029

DOCUMENT # N93000004042

1. Entity Name

GREATER GROVES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O POST OFFICE BOX 3873~~ ~~LONGWOOD FL 32791~~	~~C/O POST OFFICE BOX 3873~~ ~~LONGWOOD FL 32791~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15100 GREATER GROVES Blvd.	c/o P.O. Box 135083
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT FL	City & State: CLERMONT FL.
Zip: 34711 Country: USA	Zip: 34713 Country: USA

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~~ ~~215 NORTH EOLA DRIVE~~ ~~ORLANDO FL 32801~~	Name: Clayton & McCulloh/Neal McCulloh, Esq. Street Address (P.O. Box Number is Not Acceptable): 1065 Maitland Center Commons Boulevard City: Maitland, FL Zip Code: 32751

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 3/27/02

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 MANDELL, ROBERT A 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, GRETA 2013 JAFFE CT CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S V D SMITH GRETA 2013 JAFFA CT CIERMONT FL 34711 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNYDER, SIMON D 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEBNER, ROBERT 1617 NECTARINE TRAIL CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D STEBNER ROBERT 1617 NECTARINE TR CIERMONT FL 34711 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEY, KENNETH 1601 NECTARINE TRAIL CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DONALD, HEROLD 2012 ONECCO CT CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D HEROLD DONALD 2012 ONECCO CT. CIERMONT FL 34711 ☒ Change ☐ Addition

CR2E037 (9/01)

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: _____ ROBERT H STEBNER 2/23/02 352-243-0452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #