

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90042 043 \*\*\*\*61.25

**DOCUMENT # N95000001046**

1. Entity Name

**GRAND RESERVE HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

2180 WEST SR 434, STE 5000  
LONGWOOD FL 32779-5044  
US

Mailing Address

2180 WEST SR 434, STE 5000  
LONGWOOD FL 32779-5044  
US

2. Principal Place of Business

7523 ALOMA AVE

Suite, Apt. #, etc.  
WINTER PARK, FL

City & State

Zip

Country  
ORANGE

3. Mailing Address

7523 ALOMA AVE

Suite, Apt. #, etc.

City & State  
WINTER PARK, FL 32792

Zip  
32792

Country  
orange

4. FEI Number

59-3533893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 WEST S.R. 434 STE. 5000  
LONGWOOD FL 32779-5044

7. Name and Address of New Registered Agent

Name LORECE A. MISLEY, L. A. REAL ESTATE

Street Address (P.O. Box Number is Not Acceptable)  
7523 ALOMA AVE

City

WINTER PARK

FL

Zip Code

32792

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 LORECE A. MISLEY, LCAM

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

*Lorece A. Misley*

(NOTE: Registered Agent signature required when reinstating)

1/27/01

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 NAME STREET ADDRESS CITY-ST-ZIP	SD FITZSIMMONS, JAMES R 100 BRIDGEWOOD CT WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIR, DARYL 106 BAYTREE CT WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PFEIL, JOHN D 108 BAYTREE CT WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES R. FITZSIMMONS 100 Bridgewood Ct. Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas T. Sawyer 111 Baytree Ct. Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Scott Henneberry 113 Baytree Ct. Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

*James R. Fitzsimmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-01 407695-8768

Daytime Phone #

CR2E037 (10/00)