

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001046

1. Entity Name

GRAND RESERVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

7523 ALOMA AVE
WINTER PARK FL 32792
US

Mailing Address

7523 ALOMA AVE
WINTER PARK FL 32792
US

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

59-3533893

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MISLEY, LORECE A
LA REAL ESTATE
7523 ALOMA AVE
WINTER PARK FL 32792

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

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 **TD**
NAME **FITZSIMMONS, JAMES R** ☒ Delete
STREET ADDRESS **100 BRIDGEWOOD CT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **PD**
NAME **SAWYER, THOMAS T** ☐ Delete
STREET ADDRESS **111 BAYTREE CT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **SD**
NAME **HENNEBERRY, SCOTT** ☐ Delete
STREET ADDRESS **113 BAYTREE CT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **Avelino Gonzales**
STREET ADDRESS **115 Baytree Court**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **TD** ☐ Change ☒ Addition
NAME **Dave Stephans**
STREET ADDRESS **109 Baytree Court**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)