

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19058

**Entity Name:** ASPENWOOD AT GRENELEFE CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O POLK COMMUNITY ASSOCIATION MGMT.  
5330 HWY 544 EAST  
HAINES CITY, FL 33844

**Current Mailing Address:**

C/O POLK COMMUNITY ASSOCIATION MGMT.  
P.O. BOX 5195  
HAINES CITY, FL 33845 US

**FEI Number: 59-2912019**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOUTH MILHAUSEN, P.A.  
ATTN: JOHN CHRISTENSEN  
1000 LEGION PLACE, SUITE 1200  
ORLANDO, FL 32801 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	BRYANT, PAUL E
Address	46 ASPEN DRIVE
City-State-Zip:	HAINES CITY FL 33844
Title	SD
Name	FREELS, SANDRA
Address	4610 N SPRING GROVE ROAD
City-State-Zip:	MCHENRY IL 60051
Title	VD
Name	FRUEH, DONALD C
Address	311 TWIN OAKS DRIVE
City-State-Zip:	HAVENTOWN PA 19083

Title	TD
Name	EARLEY, DIXON
Address	151 OLD FORD RD
City-State-Zip:	CAMP HILL PA 17011-8399
Title	VD
Name	NEWMAN, PAUL D
Address	3020 WESTWOOD PKWY
City-State-Zip:	FLINT MI 48503

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: PAUL E. BRYANT**

**PD**

**04/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date