

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90058 006 ****61.25

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1. Entity Name
GRENELEFE ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**302 7TH STREET
DUNDEE, FL 33838**

Mailing Address
**P O BOX 415
DUNDEE, FL 33838**

4002001-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1539426

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

**WEBB, DEBORAH K
302 7TH ST S
DUNDEE, FL 33838**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME PORTER, AL
STREET ADDRESS 7 COVENTRY DRIVE
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE TD ☐ Delete
NAME FARONA, MIKE
STREET ADDRESS 12 COVENTRY DR
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE VPD ☐ Delete
NAME GREENWOOD, JOHN
STREET ADDRESS 10 LEFL CT
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE SD ☐ Delete
NAME MELICHAR, PAUL
STREET ADDRESS 38 HUNTLY COURT
CITY-ST-ZIP HAINES CITY, FL 33844

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 Pres. ☐ Change ☒ Addition
NAME D Gayle Waters
STREET ADDRESS 16 Coventry Dr.
CITY-ST-ZIP Haines City, FL 33844

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael F Farona MICHAEL F FARONA

2/14/07

863-421-2378