

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 729242**

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

**DO NOT WRITE IN THIS SPACE**



02052008 No Chg-NP

CR2E037 (4/06)

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 translating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WATERS, DOAYLE  
STREET ADDRESS 16 COVENTRY DR.  
CITY-STATE-ZIP HAINES CITY, FL 33844

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

U00000822782  
02/20/08-80011-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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** 2/6/08 843-421-2378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #