

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729272

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** GRENELEFE ASSOCIATION OF CONDOMINIUM OWNERS NO. 1, INC.

**Current Principal Place of Business:**

3200 S.R. 546  
UNIT 3152  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

3210 S.R. 546, #1040  
HAINES CITY, FL 33844

**New Mailing Address:**

3152 TENNIS WAY  
HAINES CITY, FL 33844

**FEI Number:** 59-1539427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRIS GOURDIE  
GRENELEFE ASSOCIATION  
3210 S.R. 546, #1040  
HAINES CITY, FL 33844 US

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

CHRIS GOURDIE  
GRENELEFE ASSOCIATION  
3152 TENNIS WAY  
HAINES CITY, FL 33844 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: CHRIS GOURDIE

03/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RASMUSSEN, JOHN  
Address: 4186 ABBEY COURT, GRENELEFE  
City-St-Zip: HAINES CITY, FL 33844

Title: V ( ) Delete  
Name: GOLD, SHIRLEY  
Address: 1209 MINDEES COURT  
City-St-Zip: RALEIGH, NC 27609

Title: T ( ) Delete  
Name: KRUEGER, ROBERT  
Address: 560 206TH STREET  
City-St-Zip: NEW RICHMOND, WI 54017

Title: V ( ) Delete  
Name: BONG, ROBERT  
Address: W297 N6245 CREEKSIDE COURT  
City-St-Zip: HARTLAND, WI 53029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: BROWN, JOYCE  
Address: 3567 PALM COURT  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN RASMUSSEN

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date