2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90060 029 ****61.25

0062201

DOCUMENT # 751166

1. Entity Name

GRENELEFE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7052 HAINES CITY FL 33844	P.O. BOX 7052 HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE

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 59-2380667 ☐ 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
AFABLE, BEATRICE C 26 NOTTINGHAM WAY HAINES CITY FL 33844	Name: Thomas H. Huemann Street Address (P.O. Box Number is Not Acceptable): 60 Aspen City: HAINES CITY FL 33844 FL Zip Code 33844

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 _____ Thomas H. Huemann 3-16-02

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURPHY, JAMES F 11 LOFE COURT HAINES CITY FL 33844	☐ Delete	PD RAYMOND SAPP 46 NOTTINGHAM HAINES CITY FL 33844	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CREVELING, HELEN 121 ARROWHEAD LANE HAINES CITY FL 33844	☐ Delete	VPD PAUL LUDWIG 13 HUNTLEY CT. HAINES CITY FL 33844	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MADDEN, ROBERT J DR. 104 FAIRWAY DR HAINES CITY FL 33844	☐ Delete	SD MADDEN, ROBT 104 FAIRWAY DR HAINES CITY FL 33844	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AFABLE, BEA 26 NOTTINGHAM WAY HAINES CITY FL 33844	☐ Delete	TD HUEMANN, Thomas H. 60 Aspen HAINES CITY FL 33844	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAN, GORDON 17 CANTERBURY DR HAINES CITY FL 33844	☐ Delete	D MURPHY, JAMES F 11 Lefe Ct. HAINES CITY FL 33844	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CINELING, HELEN 121 AVERMALL HAINES CITY FL 33844	☐ Delete	D Cineling - Helen 121 AVERMALL HAINES CITY FL 33844	☐ Change	☐ Addition

CR2E037 (9/01)

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.

815-385-3159

SIGNATURE: SIGNATURE REQUIRED 3-16-02 863-422-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #