2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State
03-23-2004 90013 020 ****61.25

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

03132004 Chg-NP CR2E037 (10/03)

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
HUEMANN, THOMAS 60 ASPEN HAINES CITY, FL 33844	Name: MEANS, RICHARD T. Street Address (P.O. Box Number is Not Acceptable): 2 ROBYN LANE City: HAINES CITY 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Richard T Means RICHARD T. MEANS 3-16-04
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAPP, RAYMOND 46 NOTTING HALL HAINES CITY, FL 33844	☒ Delete	PD GARDNER, GARY 208 FAIRWAY DRIVE HAINES CITY, FL 33844	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUDWIG, PAUL 13 HUNTLEY CT HAINES CITY, FL 33844	☒ Delete	VD MCCLEERY, JACK 143 STRATFORD CT HAINES CITY, FL 33844	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MADDEN, ROBT 104 FAIRWAY DR HAINES CITY, FL 33844	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUEMANN, THOMAS H 60 ASPEN HAINES CITY, FL 33844	☒ Delete	TD MEANS, RICHARD 2 ROBYN LANE HAINES CITY, FL 33844	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, JAMES F 11 LEFE CT HAINES CITY, FL 33844	☒ Delete	D GUDAITIS, JOAN 32 ASPEN DRIVE HAINES CITY, FL 33844	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CINELING, HELEN 121 AVERMALL HAINES CITY, FL 33844	☐ Delete	D CRENELING, HELEN 121 ARROWHEAD LANE HAINES CITY, FL 33844	☒ Change	☐ Addition

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.

SIGNATURE: Richard T Means RICHARD T. MEANS 3-16-04 (863) 422-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #