

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90143 031 ****61.25

DOCUMENT # 751166 1. Entity Name GRENELEFE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 7052 HAINES CITY, FL 33844		Mailing Address P.O. BOX 7052 HAINES CITY, FL 33844	
2. Principal Place of Business PO Box 5192 Suite, Apt. #, etc.		3. Mailing Address PO Box 5192 Suite, Apt. #, etc.	
City & State HAINES CITY, FL Zip Country 33845-5192		City & State HAINES CITY, FL Zip Country 33845-5192	
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 MEANS, RICHARD T 2 ROBYN LANE HAINES CITY, FL 33844		7. Name and Address of New Registered Agent 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 renewing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNER, GARY 208 FAIRWAY DRIVE HAINES CITY, FL 33844 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, PETER 133 ARROWHEAD LANE HAINES CITY, FL 33844 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLEERY, JACK 143 STRATFORD CT HAINES CITY, FL 33844 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARONA, MICHAEL 12 COVENTRY DR. HAINES CITY, FL 33844 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADDEN, ROBT 104 FAIRWAY DR. HAINES CITY, FL 33844 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUDAITIS, JOAN 32 ASPEN DRIVE HAINES CITY, FL 33844 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEANS, RICHARD 2 ROBYN LANE HAINES CITY, FL 33844 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUDAITIS, JOAN 32 ASPEN DRIVE HAINES CITY, FL 33844 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLEERY, JACK 143 STRATFORD CT. HAINES CITY, FL 33844 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREVELING, HELEN 121 ARROWHEAD LANE HAINES CITY, FL 33844 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>Richard T. Means</u> RICHARD T. MEANS 3-6-05 (863) 422-8090 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			