2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 751166

Entity Name: GRENELEFE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 5192
HAINES CITY, FL 338455192

New Principal Place of Business:

22 NOTTINGHAM WAY
HAINES CITY, FL 338455192

Current Mailing Address:

PO BOX 5192
HAINES CITY, FL 338455192

New Mailing Address:

FEI Number: 59-2380667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CREGO, REX E
9 CONVENTRY DRIVE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BEAN, GORDON
Address: 17 CANTERBURY DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: VD ( ) Delete
Name: COX, GENE
Address: TABBEY COURT
City-St-Zip: HAINES CITY, FL 33844

Title: SD ( ) Delete
Name: NORTON, RUTH
Address: 109 ARROWHEAD LN
City-St-Zip: HAINES CITY, FL 33844

Title: TD ( ) Delete
Name: CREGO, REX
Address: 9 COVENTRY DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: BEALE, ROBERT
Address: 115 ARROWHEAD LANE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CREGO, REX
Address: 9 COVENTRY DRIVE
City-St-Zip: HAINES CITY, FL 33844

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

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

Title: TD (X) Change ( ) Addition
Name: SEATON, JIM
Address: 22 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

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

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: JIM SEATON TD 03/20/2009

Electronic Signature of Signing Officer or Director — Date