

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755535

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** GREGOR WOODS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1580 SW BELGRAVE TERR.  
STUART, FL 34997 US

**New Principal Place of Business:**

1580SW BELGRAVE TERR.  
STUART, FL 34997 US

**Current Mailing Address:**

P.O. BOX 3195  
STUART, FL 34995 US

**New Mailing Address:**

FEI Number: 65-0099678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FENTON MGMT PARTNERS  
1700 SW BELGRAVE TERRACE  
STUART, FL 34997 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: PT ( ) Delete  
Name: FARLEY, MARGARET  
Address: 1580 SW BELGRAVE TERR.  
City-St-Zip: STUART, FL 34997

Title: VPT ( ) Delete  
Name: CONNER, MICHAEL  
Address: 1560 SW BELGRAVE TERR.  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: FENTON, STEVE  
Address: 1700 S.W. BELGRAVE TERRACE  
City-St-Zip: STUART, FL 34997

**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:

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: STEVE FENTON

T

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date