

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# 764253

Entity Name: GRASSY LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14823 SW 79TH STREET
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

14823 SW 79TH STREET
ARCHER, FL 32618

New Mailing Address:

FEI Number: 59-2716080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, M R
14823 SW 79TH ST
ARCHER, FL 32618 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: P () Delete
Name: ZETTLER, WILLIAM
Address: 15005 SW 79TH ST.
City-St-Zip: ARCHER, FL 32618

Title: V () Delete
Name: JONES, MICHAEL
Address: 14823 SW 79TH ST.
City-St-Zip: ARCHER, FL 32618

Title: T () Delete
Name: JONES, MARION,
Address: 14823 SW 79TH ST
City-St-Zip: ARCHER, FL

Title: D () Delete
Name: HOLTON, DAN
Address: 14617 SW 79TH ST
City-St-Zip: ARCHER, FL

Title: S () Delete
Name: THOMAS, ALICE
Address: 14818 SW 79TH ST.
City-St-Zip: ARCHER, FL 32618

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:

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: MARION JONES

T

04/07/2009

Electronic Signature of Signing Officer or Director

Date