


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90026 001 ****61.25

DOCUMENT # N03000006321					
1. Entity Name GREY HAWK AT LAKE POLO PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 3281 LANDMARK DRIVE CLEARWATER, FL 33761		Mailing Address C/O WISE PROP MGMT 16105 N FLORIDA #A LUTZ, FL 33549			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2677907	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$8.75 Additional Fee Required 02162007 Chg-NP CR2ED37 (12/06)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 S FRANKLIN ST TAMPA, FL 33602			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	DPS	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILAND, DOUGALS J		NAME		
STREET ADDRESS	3281 LANDMARK DRIVE		STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLO, MARIO		NAME		
STREET ADDRESS	3281 LANDMARK DRIVE		STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete	TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kevin Cimino	
STREET ADDRESS			STREET ADDRESS	16105 N-Florida Ave #A	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa FL 33649	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Steven E. Rogers	
STREET ADDRESS			STREET ADDRESS	16105 N. Florida Ave. #A	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33549	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Matt Dunn	
STREET ADDRESS			STREET ADDRESS	16105 N. Florida Ave #A	
CITY-ST-ZIP			CITY-ST-ZIP	Lutz FL 33549	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Anthony Pavarini	
STREET ADDRESS			STREET ADDRESS	16105 N. Florida Ave. #A	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33549	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Steven E. Rogers</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Steven E. Rogers 3/13/07 727-772-0085 Date Daytime Phone #	