


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90080 028 ****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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

40074341



01222008 Chg-NP CR2E037 (12/06)

4. FEI Number
58-2677907

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEZER, STEVEN
 220 S FRANKLIN ST
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1801 N. Highland Ave
 City **Tampa** FL Zip Code **33602**

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 **\$81.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
PD	WEILAND, DOUGALS J	16105 N. FLORIDA #A	LUTZ, FL 33549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	POLO, MARIO	16105 N. FLORIDA #A	LUTZ, FL 33549	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	CIMINO, KEVIN	16105 N. FLORIDA AVE #A	LUTZ, FL 33549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ROGERS, STEVEN E	16105 N. FLORIDA AVE. #A	LUTZ, FL 33549	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	DUNN, MATT	16105 N. FLORIDA AVE #A	LUTZ, FL 33549	D ROGER STEIN 16105 N. FLORIDA AVE #A LUTZ, FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	PAVARINI, ANTHONY	16105 N. FLORIDA AVE. #A	LUTZ, FL 33549	D JODY B UNDERHILL 16105 N. FLORIDA AVE #A LUTZ, FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____ Date: **APR 18 2007** Daytime Phone #: **8139685665**