2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# N06000005098

Entity Name: GRAYCLIFF AT LUCAYA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1600 W COLONIAL DR
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

1600 W COLONIAL DR
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 20-4997701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSON, JACK B
1600 W COLONIAL DR
ORLANDO, FL 32804 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: DP ( ) Delete
Name: BARBER, WILLIAM
Address: 14491 DOLCE VISTA ROAD, #202
City-St-Zip: FT MYERS, FL 33908 US

Title: DVP ( ) Delete
Name: SHIELDS-FELTHOUSE, KATHY
Address: 14508 DOLCE VISTA ROAD, #102
City-St-Zip: FT MYERS, FL 33908 US

Title: DS/T ( ) Delete
Name: SPERBECK, JAN
Address: 14502 DOLCE VISTA ROAD, #101
City-St-Zip: FT MYERS, FL 33908 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: SPERBECK, JAN
Address: 14502 DOLCE VISTA ROAD, #101
City-St-Zip: FT MYERS, FL 33908 US

Title: DS/T (X) Change ( ) Addition
Name: AREL, MOE
Address: 14502 DOLCE VISTA ROAD, #201
City-St-Zip: FT MYERS, FL 33908 US

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: BEVERLY MALOUIN LCAM 10/28/2008

Electronic Signature of Signing Officer or Director — Date