

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005098

FILED
Apr 17, 2009
Secretary of State

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:

12734 KENWOOD LANE
UNIT 49
FORT MYERS, FL 33907 US

Current Mailing Address:

1600 W COLONIAL DR
ORLANDO, FL 32804 US

New Mailing Address:

12734 KENWOOD LANE
UNIT 49
FORT MYERS, FL 33907 US

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:

TROPICAL ISLES MANAGEMENT SERVICES, INC
12734 KENWOOD LANE
UNIT 49
FORT MYERS, FL 33907 US

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: CAROL L SCHWAB

04/17/2009

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: SPERBECK, JAN
Address: 14502 DOLCE VISTA ROAD, #101
City-St-Zip: FT MYERS, FL 33908 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (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: CAROL L SCHWAB

MGR

04/17/2009

Electronic Signature of Signing Officer or Director

Date