2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N19058

Entity Name: ASPENWOOD AT GRENELEFE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O POLK COMMUNITY ASSOCIATION MGMT.
5330 HWY 544 EAST
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

C/O POLK COMMUNITY ASSOCIATION MGMT.
P.O. BOX 5195
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 59-2912019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, KRISTIN M
5330 HWY 544 EAST
HAINES CITY, FL 33844 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:	PD	( ) Delete
Name:	NEWMAN, PAUL	
Address:	3020 WESTWOOD PKWY	
City-St-Zip:	FLINT, MI 48503	
Title:	TD	( ) Delete
Name:	EARLEY, DIXON	
Address:	151 OLD FORD RD	
City-St-Zip:	CAMP HILL, PA 170118399	
Title:	SD	( ) Delete
Name:	MAHANNAH, NORMA	
Address:	507-5194 LAKE SHORE ROAD	
City-St-Zip:	BURLINGTON, ONTARIO, CN L7L 6PS CN	
Title:	VD	( ) Delete
Name:	BRYANT, PAUL E	
Address:	46 ASPEN DRIVE	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	VD	( ) Delete
Name:	DUQUETTE, ROBERT	
Address:	47 ASPEN DRIVE	
City-St-Zip:	HAINES CITY, FL 33844	

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: DIXON EARLEY TD 04/15/2009

Electronic Signature of Signing Officer or Director — Date