

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19058

FILED
Mar 09, 2010
Secretary of State

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
Name: NEWMAN, PAUL
Address: 3020 WESTWOOD PKWY
City-St-Zip: FLINT, MI 48503

Title: TD
Name: EARLEY, DIXON
Address: 151 OLD FORD RD
City-St-Zip: CAMP HILL, PA 170118399

Title: SD
Name: MAHANNAH, NORMA
Address: 507-5194 LAKE SHORE ROAD
City-St-Zip: BURLINGTON, ONTARIO, CN L7L 6P5 CN

Title: VD
Name: BRYANT, PAUL E
Address: 46 ASPEN DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: VD
Name: DUQUETTE, ROBERT
Address: 47 ASPEN DRIVE
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: J. DIXON EARLEY

TD

03/09/2010

Electronic Signature of Signing Officer or Director

_____ Date