2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
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
Name: BRYANT, PAUL E
Address: 46 ASPEN DRIVE
City-St-Zip: HAINES CITY, FL 33844

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

Title: SD
Name: KING, KAREN
Address: 180 BEAR CREEK DRIVE
City-St-Zip: WENTZVILLE,, MO 63385

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

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: PAUL E BRYANT PD 05/01/2011

Electronic Signature of Signing Officer or Director Date