

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90337 046 ****61.25

DOCUMENT # N25330

1. Entity Name

GRENELEFE CLUB ESTATES HOMEOWNERS' ASSOCIATION,

Principal Place of Business

Mailing Address

2180 W SR 434
 STE 5000
 LONGWOOD FL 32779
 US

2180 W SR 434
 STE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3501316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLERY, VIRGINIA 143 STRATFORD CT HAINES CITY FL 33844	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BADURA, ROBERT 159 COVENTRY CIRCLE HAINES CITY FL 33844	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGNER, EDWARD 119 COVENTRY LANE HAINES CITY FL 33844	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARR, RICHARD 154 STRATFORD CT HAINES CITY FL 33844	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERANDO, MICHAEL 106 COVENTRY LANE HAINES CITY FL 33844	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Scott, Ralph 116 Coventry Lane Haines City, FL 33844	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	=	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)