

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25330

1. Entity Name

GRENELEFE CLUB ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

Mailing Address

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 PD
NAME MCCLEERY, VIRGINIA
STREET ADDRESS 143 STRATFORD CT
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME BADURA, ROBERT
STREET ADDRESS 159 COVENTRY CIRCLE
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MERANDO, MICHAEL
STREET ADDRESS 106 COVENTRY LANE
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Delete

TITLE TD
NAME CAPOFERRI, MARCO
STREET ADDRESS 157 COVENTRY LANE
CITY-ST-ZIP HAINES CITY, FL 33844 ☐ Change ☒ Addition

TITLE SD
NAME SCOTT, RALPH
STREET ADDRESS 116 COVENTRY LANE
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME HAMILTON, BRADFORD
STREET ADDRESS 149 STRATFORD COURT
CITY-ST-ZIP HAINES CITY, FL 33844 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

863-422-6358

Daytime Phone #

CR2E037 (9/01)