2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N25330

Entity Name: GRENELEFE CLUB ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3501316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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:	MCCLEERY, VIRGINIA	
Address:	143 STRATFORD CT	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	VPD	( ) Delete
Name:	BADURA, ROBERT	
Address:	837 TRIENES RD	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	SD	( ) Delete
Name:	HAMILTON, BRADFORD	
Address:	149 STRATFORD CT	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	TD	( ) Delete
Name:	CAPOFERRI, MARCO	
Address:	157 COVENTRY CIR	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	D	( ) Delete
Name:	TOWLES, ROBERT JR	
Address:	3832 SAVANNAH SQ	
City-St-Zip:	ATLANTA, GA 30340	
Title:	D	( ) Delete
Name:	VAN BILLIARD, RICHARD	
Address:	158 COVENTRY BLVD	
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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIRGINIA MCCLEERY PD 04/13/2005

Electronic Signature of Signing Officer or Director — Date