



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90026 003 \*\*\*\*61.25

<b>DOCUMENT # N25330</b> 1. Entity Name <b>GRENELEFE CLUB ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <u>8009 S. Orange Avenue</u> Suite, Apt. #, etc. City & State <u>Orlando, FL</u> Zip Country <u>32809</u>			
04262007 Chg-NP CR2E037 (12/06)				4. FEI Number <b>59-3501316</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HART, JAMES W JR</b> <b>C/O SENTRY MANAGEMENT, INC</b> <b>2180 W SR 434 STE 5000</b> <b>LONGWOOD, FL 32779</b>			7. Name and Address of New Registered Agent Name <u>Rebecca Furlow</u> Street Address (P.O. Box Number is Not Acceptable) <u>8009 S. Orange Avenue</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32809</u>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLEERY, VIRGINIA 143 STRATFORD CT HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McCleery, Virginia PO Box 17, 8 Hopson Road Norwich, VT 05055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADURA, ROBERT 837 TRIENES RD HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Sweeney, Larry 144 Stratford Court Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUMACHER, JOHN 134 STRATFORD CT HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Schumacher, John W. 11998 Stratton Road Salem, OH 44460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWEENEY, BILL 4363 STUBEN WOODS DR STUBENVILLE, OH 43953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yeager, James R. 4737 Mill Road Schnecksville, PA 18078	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWLES, ROBERT JR 145 STRATFORD CT HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stearns, Thomas A. 148 Stratford Court Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN BILLIARD, RICHARD 158 COVENTRY BLVD HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Virginia M. McCleery</u> / <u>VIRGINIA M. MCCLEERY</u> <u>3/27/07</u> <u>863-422-6358</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>					