2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N25330



FILED
Apr 28, 2003 8:00 am
Secretary of State

GRENELEFE CLUB ESTATES HOMEOWNERS' ASSOCIATION, INC.							04-28-2003	9021701	/ *****61	.23	
Principal Place of Business 2180 W SR 434 STE 5000 LONGWOOD FL 32779 US		2180 W SR 43 STE 5000	LONGWOOD FL 32779					KITI 88 % 818 % 81			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.		Suite, Ap					CHECK HEF				٠,
City & Star	te	City & Sta	ate 			4. FEI Numbe	59-3501316) 		Applied For Not Applicable	}
Zip	Country	Zip		Country			of Status Desired		\$8.75 A Fee Requi		
	6. Name and Address of Curr	rent Registered Age	nt	Name	<u> </u>	7. Name and	Address of New	Registered	Agent		┨
LIADT IA	MEO W. ID							·			1
HART, JAMES W JR C/O SENTRY MANAGEMENT, INC				Street A	Address (P.	O. Box Number	r is Not Acceptat	ole) 			
	SR 434 STE 5000										1
LONGWO	OOD FL 32779			City	-	_ ,	 	FL	Zip Co	de	
	e named entity submits this stateme	ent for the purpose of	changing its reg	istered office or	r registere	d agent, or both	n, in the State of I	Florida, I am	familiar witl	n, and accept	1
the obligat	tions of registered agent.										
SIGNATURE	Closeture trond or existed name of registered	ponet and title if poeliaship	(NOTE: D-	nisteered Arrost sines		han columbation)		DATE			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Rec	gistered Agent signati	ture required w	vhen reinstating)	<u> </u>	DATE			
· -	Signature, typed or printed name of registered a	9.	(NOTE: Reg Election Campai Trust Fund Contr	ign Financing		\$5.00 May Be		lake Chec rida Depar			
· -	FILE NOW: FEE IS \$61.25	9. D DIRECTORS	Election Campai Trust Fund Contr	ign Financing	□ ,	\$5.00 May Be		lake Chec rida Depar	tment of	State N 10	
	FILE NOW: FEE IS \$61.25 OFFICERS AND PD MCCLEERY, VIRGINIA 143 STRATFORD CT	9. D DIRECTORS	Election Campai	ign Financing ribution.	D	\$5.00 May Be Added to Fees DDITIONS/CHABILLIARD COVENTRY	Floo NGES TO OFFIC , RICHARD CIR	lake Chec rida Depar CERS AND DI	tment of	State N 10	037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OFFICERS AND NCCLEERY, VIRGINIA 143 STRATFORD CT HAINES CITY FL 33844 VD	9. D DIRECTORS	Election Campai Trust Fund Contr	ign Financing ribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D	\$5.00 May Be Added to Fees DDITIONS/CHABILLIARD COVENTRY	FIO	lake Chec rida Depar CERS AND DI	tment of	State IN 10 Addition	CR2E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MCCLEERY, VIRGINIA 143 STRATFORD CT HAINES CITY FL 33844 VD BADURA, ROBERT	9. D DIRECTORS	Election Campai Trust Fund Contr Delete	ign Financing ribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D	\$5.00 May Be Added to Fees DDITIONS/CHABILLIARD COVENTRY	Floo NGES TO OFFIC , RICHARD CIR	lake Chec rida Depar CERS AND DI	RECTORS Change	State IN 10 Addition	CR2E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MCCLEERY, VIRGINIA 143 STRATFORD CT HAINES CITY FL 33844 VD BADURA, ROBERT 159 COVENTRY CIRCLE	9. D DIRECTORS	Election Campai Trust Fund Contr Delete	ign Financing ribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D	\$5.00 May Be Added to Fees DDITIONS/CHABILLIARD COVENTRY	Floo NGES TO OFFIC , RICHARD CIR	lake Chec rida Depar CERS AND DI	RECTORS Change	State IN 10 Addition	CR2E037 (10/02)
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MCCLEERY, VIRGINIA 143 STRATFORD CT HAINES CITY FL 33844 VD BADURA, ROBERT 159 COVENTRY CIRCLE HAINES CITY FL 33844 TD CAPOFERRI, MARCO	9. D DIRECTORS	Election Campai Trust Fund Contr Delete	ign Financing ribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D	\$5.00 May Be Added to Fees DDITIONS/CHABILLIARD COVENTRY	Floo NGES TO OFFIC , RICHARD CIR	lake Chec rida Depar CERS AND DI	RECTORS Change	N 10 Addition	CR2E037 (10/02)
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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: