


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90367 003 ****61.25

DOCUMENT # N93000000233 1. Entity Name GREY FOX HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 200 LAKE MORTON DR LAKELAND, FL 33801	Mailing Address 200 LAKE MORTON DR LAKELAND, FL 33801
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50041595



01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3244696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, E S JR 200 LAKE MORTON DR LAKELAND, FL 33801

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAUGHTRY, WILLIAM 1206 GRAY FOX HOLLOW DR WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLINE, PATTY 814 SPRING LAKE SQUARE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKINNEY, JR FLETCHER 1201 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bob Peters 1320 Hidden Creek Ct. Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Patty Cline <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-14-05	Daytime Phone # (863)299-9019
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