


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N93000000233</b> 1. Entity Name <b>GREY FOX HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business. <b>200 LAKE MORTON DR LAKELAND, FL 33801</b>	Mailing Address <b>200 LAKE MORTON DR LAKELAND, FL 33801</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		



03202006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent  <b>MARTIN, E S JR 200 LAKE MORTON DR LAKELAND, FL 33801</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 PETERS, BOB 1320 HIDDEN CREEK CT WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000521271  
05/02/06-80127-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Patty Cline** **4/17/06** **(863) 299-9019**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #