2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N93000000233

Entity Name: GREY FOX HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

200 LAKE MORTON DR
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3096
WINTER HAVEN, FL 33885

New Mailing Address:

FEI Number: 59-3244696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWAIN REALTY CORP.
400 AVENUE K SE STE 3
WINTER HAVEN, FL 33880 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: DV ( ) Delete
Name: DAUGHTRY, WILLIAM
Address: 1206 GRAY FOX HOLLOW DR
City-St-Zip: WINTER HAVEN, FL

Title: T ( ) Delete
Name: CLINE, PATTY
Address: 814 SPRING LAKE SQUARE
City-St-Zip: WINTER HAVEN, FL

Title: DP ( ) Delete
Name: PETERS, BOB
Address: 1320 HIDDEN CREEK CT
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: BARFIELD, JAMES
Address: 1322 HIDDEN CREEK CT
City-St-Zip: WINTER HAVEN, FL 33880

Title: T (X) Change ( ) Addition
Name: CLINE, PATTY
Address: 400 AVENUE K SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATTY CLINE TREA 01/22/2009

Electronic Signature of Signing Officer or Director — Date