

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003708

FILED
Feb 18, 2009
Secretary of State

Entity Name: GRENELEFE COUNTRY HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

114 CANTERBURY DR.
HAINES CITY, FL 33844

New Principal Place of Business:

2 ROBYN LANE
HAINES CITY, FL 33844

Current Mailing Address:

PO BOX 5196
HAINES CITY, FL 338455796

New Mailing Address:

PO BOX 5196
HAINES CITY, FL 338455196 US

FEI Number: 65-0434561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOEL, LARRY R
114 CANTERBURY DR.
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

MEANS, RICHARD T
2 ROBYN LANE
HAINES CITY, FL 33844 US

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: RICHARD T. MEANS

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MATTHEWS, DON
Address: 30 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

Title: DS () Delete
Name: AFABLE, BEA
Address: 26 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

Title: DT () Delete
Name: DOEL, LARRY
Address: 114 CANTERBURY DR.
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: KENNEDY, JAMES
Address: 8 ROBYN LANE
City-St-Zip: HAINES CITY, FL 33844

Title: DV () Delete
Name: BROADWAY, GILL
Address: 24 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BROADWAY, GILL
Address: 24 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

Title: DV (X) Change () Addition
Name: WILCOX, ROBERT
Address: 2 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

Title: DT (X) Change () Addition
Name: MEANS, RICHARD T
Address: 2 ROBYN LANE
City-St-Zip: HAINES CITY, FL 33844

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

Title: DS (X) Change () Addition
Name: MURPHY, KAREN
Address: 8 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

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: RICHARD T. MEANS

TREA

02/18/2009

Electronic Signature of Signing Officer or Director

Date