

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003708

FILED
Feb 21, 2010
Secretary of State

Entity Name: GRENELEFE COUNTRY HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2 ROBYN LANE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 5196
HAINES CITY, FL 338455196 US

New Mailing Address:

FEI Number: 65-0434561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEANS, RICHARD T
2 ROBYN LANE
HAINES CITY, FL 33844 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: DP
Name: BROADAWAY, GILL
Address: 24 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

Title: DS
Name: WILCOX, ROBERT
Address: 2 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

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

Title: D
Name: LEKSON, LINDA
Address: 110 CANTERBURY DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: DV
Name: ALDRIDGE, RUSSELL
Address: 28 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: RICHARD T MEANS

TREA

02/21/2010

Electronic Signature of Signing Officer or Director

Date