


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90011 033 \*\*\*\*61.25

<b>DOCUMENT # N93000005578</b> 1. Entity Name <b>THE ENCLAVE AT GRASSLANDS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1400 GRASSLANDS BLVD #101 LAKELAND, FL 33803 US</b>			Mailing Address <b>1400 GRASSLANDS BLVD #101 LAKELAND, FL 33803 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BECKER &amp; POLIAKOFF, P.A. 2401 WEST BAY DRIVE SUITE 414 LARGO, FL 33770</b>				Name <b>Jack Day</b> Street Address (P.O. Box Number is Not Acceptable) <b>1400 Grasslands Blvd, #101</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33803</b>	
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 <u><i>Jack W Day</i></u> DATE <u>2/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAY, JACK 1400 GRASSLANDS BLVD, #14 LAKELAND, FL 33803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STILLE, DAVID 1400 GRASSLANDS BLVD #29 LAKELAND, FL 33803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLEN, CLEONA 1400 GRASSLANDS BLVD 94 LAKELAND, FL 33803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR GRIFFITH, JOHN 1400 GRASSLANDS BLVD 31 LAKELAND, FL 33803</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR O'NEILL, MARIANNE L 1400 GRASSLANDS BLVD #28 LAKELAND, FL 33803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POWELL, JOHN 1400 GRASSLANDS BLVD, #81 LAKELAND, FL 33803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Jack W Day</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-26-08</u> Daytime Phone # <u>863-688-6499</u>		

40037689



02252008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3225718** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required