

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90072 011 \*\*\*\*61.25

**DOCUMENT # N97000001269**

1. Entity Name

**GRENELEFE ARROWHEAD LAKES HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business

**212 FAIRWAY DRIVE  
HAINES CITY FL 33844**

Mailing Address

**212 FAIRWAY DRIVE  
HAINES CITY FL 33844**

2. Principal Place of Business

**115 ARROWHEAD LN.**

Suite, Apt. #, etc.

3. Mailing Address

**115 ARROWHEAD LN**

Suite, Apt. #, etc.

City & State

**HAINES CITY, FL**

City & State

**HAINES CITY, FL**

Zip

**33844**

Country

Zip

**33844**

Country

4. FEI Number

**59-3444266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STEP, CHARLES  
212 FAIRWAY DRIVE  
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name  
**BEALE, MARY ELLEN**

Street Address (P.O. Box Number is Not Acceptable)

**115 ARROWHEAD LN.**

City

**HAINES CITY**

FL

Zip Code

**33844**

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 **MARY ELLEN BEALE**

Signature, typed or printed name of registered agent and title if applicable

*Mary Ellen Beale*

(NOTE: Registered Agent signature required when reinstating)

**3/1/05**

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **STEP, CHARLES**  
STREET ADDRESS **212 FAIRWAY DRIVE**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VD** ☒ Delete  
NAME **METZGAR, THOMAS**  
STREET ADDRESS **10 CLUB COURT**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **STD** ☐ Delete  
NAME **BEALE, MARY ELLEN**  
STREET ADDRESS **115 ARROWHEAD LANE**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ Delete  
NAME **MADDEN, ROBERT J**  
STREET ADDRESS **104 FAIRWAY DR**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **PD** ☐ Delete  
NAME **D NORTON, GEORGE**  
STREET ADDRESS **109 ARROWHEAD LANE**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ Delete  
NAME **SIMPSON, JOHN**  
STREET ADDRESS **113 FAIRWAY DRIVE**  
CITY-ST-ZIP **HAINES CITY FL 33844**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition  
NAME **NUCCIO, FRANK**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **FICKTER, DAVE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary Ellen Beale* **MARY ELLEN BEALE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**03/01/05**

Daytime Phone #

**(863) 419-2387**