

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90037 004 ****61.25

DOCUMENT # N97000001269 1. Entity Name GRENELEFE ARROWHEAD LAKES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 115 ARROWHEAD LN HAINES CITY FL 33844			Mailing Address 115 ARROWHEAD LN HAINES CITY FL 33844		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3444266	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BEALE, MARY ELLEN 115 ARROW LN HAINES CITY FL 33844				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-designating) Signature, typed or printed name of registered agent and title, if applicable. DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUCCIO, FRANK 212 FAIRWAY DRIVE HAINES CITY FL 33844	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP METZGAR, TOM 10 CLUB COURT
☒ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FICKTER, DAVE 10 CLUB COURT HAINES CITY FL 33844	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINHAUSER, LARRY 124 ARROWHEAD LN.
☒ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEALE, MARY ELLEN 115 ARROWHEAD LANE HAINES CITY FL 33844	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, KARL 21 BOW CT HAINES CITY FL 33844	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, PETER G 133 ARROWHEAD LANE HAINES CITY FL 33844	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGLISH, JOHN 111 FAIRWAY DRIVE HAINES CITY FL 33844	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Mary Ellen Beale **MARY ELLEN BEALE** 1/24/08 (863) 419-9387