2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N97000001269

Entity Name: GRENELEFE ARROWHEAD LAKES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

115 ARROWHEAD LN
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

115 ARROWHEAD LN
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3444266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEALE, MARY ELLEN
115 ARROW LN
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:	VP	( ) Delete
Name:	METZGAR, TOM	
Address:	10 CLUB COURT	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	D	( ) Delete
Name:	STEIN HAUSER, LARRY	
Address:	124 ARROWHEAD LN	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	STD	( ) Delete
Name:	BEALE, MARY ELLEN	
Address:	115 ARROWHEAD LANE	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	D	( ) Delete
Name:	GOULD, KARL	
Address:	21 BOW CT	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	D	(X) Delete
Name:	BAILEY, PETER G	
Address:	133 ARROWHEAD LANE	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	P	( ) Delete
Name:	ENGLISH, JOHN	
Address:	111 FAIRWAY DRIVE	
City-St-Zip:	HAINES CITY, FL 33844	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARY ELLEN BEALE SEC. 01/14/2009
Electronic Signature of Signing Officer or Director — Date