

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25330

Entity Name: GRENELEFE CLUB ESTATES HOMEOWNERS' ASSOCIATION, INC.**FILED**
Mar 19, 2020
Secretary of State
2540758974CC**Current Principal Place of Business:**5340 CR 544, EAST
HAINES CITY, FL 33844**Current Mailing Address:**P.O. BOX 5195
HAINES CITY, FL 33845 US**FEI Number: 59-3501316****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**POLK COMMUNITY ASSOCIATION MANAGEMENT OF
HAINES CITY
5340 CR 544, EAST
HAINES CITY, FL 33844 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	GALLAGHER, DAVID
Address	126 COVENTRY LANE
City-State-Zip:	HAINES CITY FL 33844

Title	VP
Name	STEWART, JOHN
Address	121 COVENTRY LANE
City-State-Zip:	HAINES CITY FL 33844

Title	SECRETARY
Name	YEAGER, JAMES R
Address	122 COVENTRY LANE
City-State-Zip:	HAINES CITY FL 33844

Title	TREASURER
Name	MURPHY, DENNIS
Address	134 STRATFORD COURT
City-State-Zip:	HAINES CITY FL 33844

Title	DIRECTOR
Name	HAMILTON, ADOLPHUS BUTCH JR.
Address	162 COVENTRY CIRCLE
City-State-Zip:	HAINES CITY FL 33844

Title	DIRECTOR
Name	COLLINS, TONI
Address	144 STRATFORD COURT
City-State-Zip:	HAINES CITY FL 33844

Title	DIRECTOR
Name	VAN BILLIARD, RICHARD
Address	158 COVENTRY CIRCLE
City-State-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: DAVID GALLAGHER**PRESIDENT****03/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date