

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003908

FILED
May 01, 2007
Secretary of State

Entity Name: GREYSTONE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

478 ZUREIQ POINT
OVIDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

4250 ALAFAYA TRAIL
SUITE 212, PMB 312
OVIDO, FL 32765

New Mailing Address:

P.O. BOX 621767
OVIDO, FL 32762

FEI Number: 59-3756900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORROW, MICHAEL D
478 ZUREIQ POINT
OVIDO, FL 32765 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: DP () Delete
Name: MORROW, MICHAEL D
Address: 478 ZUREIQ POINT
City-St-Zip: OVIDO, FL 32765

Title: DS () Delete
Name: BRINO, LILLYETTE L
Address: 466 ZUREIQ POINT
City-St-Zip: OVIDO, FL 32765

Title: DT () Delete
Name: SELLERS, WILLIAM W
Address: 3809 GREYSTONE LEGEND PLACE
City-St-Zip: OVIDO, FL 32765

Title: DV () Delete
Name: DESAI, VIMAL
Address: 482 ZUREIQ POINT
City-St-Zip: OVIDO, FL 32765

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: DV (X) Change () Addition
Name: STAHL, JERRY L
Address: 463 ZUREIQ POINT
City-St-Zip: OVIDO, FL 32765

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: WILLIAM W. SELLERS

DT

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date