

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45489

(4)

1. Corporation Name

GREYSTONE OWNERS' ASSOCIATION, INC.



Principal Place of Business

1046 GREYSTONE LANE
SARASOTA FL 34232
US

Mailing Address

1046 GREYSTONE LANE
SARASOTA FL 34232
US

3. Date Incorporated or Qualified
10/04/1991

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0316938

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VYHNALEK, COLLEN
1046 GREYSTONE LANE
SARASOTA FL 34232

Vyhnalek, Colleen

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAPP, DONALD	
STREET ADDRESS	1022 GREYSTONE LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NYGREEN, CAROLYN	
STREET ADDRESS	1049 GREYSTONE LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VYHNALEK, COLLEN	
STREET ADDRESS	1046 GREYSTONE LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSKO, FRANK	
STREET ADDRESS	1010 GREYSTONE LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROSS, AUBREY	
STREET ADDRESS	1075 GREYSTONE LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Anzo	
1.3 STREET ADDRESS	1075 Greystone Lane	
1.4 CITY - ST - ZIP	Sarasota, FL 34232	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Donald Kepp	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1022 Greystone Ln	
4.3 STREET ADDRESS	Sarasota, FL 34232	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Colleen Vyhnalek Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

Date

941-377-0996

Daytime Phone #

CR2E037 (12/95)