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FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N45489** (4)

1. Corporation Name

**GREYSTONE OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1046 GREYSTONE LANE  
SARASOTA FL 34232  
US**

**1046 GREYSTONE LANE  
SARASOTA FL 34232  
US**

3. Date Incorporated or Qualified

**10/04/1991**

4. FEI Number

**65-0316938**

Applied For

☒ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VYHNALEK, COLLEEN  
1046 GREYSTONE LANE  
SARASOTA FL 34232**

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 **P** ☒ DELETE

NAME **PONZO, MICHAEL**  
STREET ADDRESS **1013 GREYSTONE LANE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE

NAME **NYGREEN, CAROLYN**  
STREET ADDRESS **1049 GREYSTONE LANE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE

NAME **VYHNALEK, COLLEEN**  
STREET ADDRESS **1046 GREYSTONE LANE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE

NAME **KOPP, DONALD**  
STREET ADDRESS **1022 GREYSTONE LANE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE

NAME **CROSS, AUBREY**  
STREET ADDRESS **1075 GREYSTONE LANE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*Louise Jay*  
*1010 Greystone Lane*  
*Sarasota 34232*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Colleen M. Vyhnalesk* *Colleen Vyhnalesk*

*2-10-98*

*377-0996*