

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003599

FILED
Mar 26, 2012
Secretary of State

Entity Name: GREY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6014 US HWY 19 N
SUITE 504
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

6014 US HWY 19 N
SUITE 504
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3462191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, HELEN
C/O CREATIVE MANAGEMENT & DESIGN, LLC
6014 US HWY 19 NORTH, SUITE 504
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

6014 US HWY 19 N
SUITE 100
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

6014 US HWY 19 N
SUITE 100
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

KELLEY, HELEN
C/O CREATIVE MANAGEMENT & DESIGN, LLC
6014 US HWY 19 NORTH, SUITE 100
NEW PORT RICHEY, FL 34652 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: HELEN KELLEY

03/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: FUSCO, ALBERT
Address: 6014 US HWY 19, SUITE 100
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DVP
Name: ELYOUSSEF, ELIZABETH
Address: 6014 US HWY 19, SUITE 100
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DS
Name: WEEKS, RICHARD
Address: 6014 US HWY 19, SUITE 100
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DT
Name: DATTILO, NANCY
Address: 6014 US HWY 19, SUITE 100
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D
Name: ALLRED, SUNSHINE M
Address: 6014 US HWY 19, SUITE 100
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: HELEN KELLEY

MGR

03/26/2012

Electronic Signature of Signing Officer or Director

Date