2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003599

Entity Name: GREY OAKS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 29, 2017
Secretary of State
CC9228378745

Current Principal Place of Business:

C/O CREATIVE MANAGEMENT 6014 US HWY 19 N SUITE 100 NEW PORT RICHEY, FL 34652

Current Mailing Address:

C/O CREATIVE MANAGEMENT 6014 US HWY 19 N SUITE 100 NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3462191 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLEY, HELEN C/O CREATIVE MANAGEMENT 6014 US HWY 19 N 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VI

Name THOMAS, BOVA Name GONZALEZ, MICHAEL

Address C/O CREATIVE MANAGEMENT Address C/O CREATIVE MANAGEMENT

6014 US HWY 19 N SUITE 100 6014 US HWY 19 N SUITE 100

City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY Title TREASURER

Name LISTER, KRISTIN Name WHITMER, JOELL

Address C/O CREATIVE MANAGEMENT Address C/O CREATIVE MANAGEMENT

6014 US HWY 19 N SUITE 100 6014 US HWY 19 N SUITE 100

City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name FUSCO, AL

Address C/O CREATIVE MANAGEMENT

6014 US HWY 19 N SUITE 100

City-State-Zip: NEW PORT RICHEY FL 34652

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: KRISTIN LISTER SECRETARY 04/29/2017