

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 19, 2008
Secretary of State**

DOCUMENT# 231903

Entity Name: GREYNOLDS ARMS CO-OP APTS INC

Current Principal Place of Business:

17051 NE 23RD AVE.
N. MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

17051 NE 23RD AVE.
N. MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 59-6065470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEISCHREK, ANNA
17051 NE 23RD AVE
APT 1 C
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

BUSSEY, KAREN
17051 NE 23RD AVE
APT 1 A
NORTH MIAMI BEACH, FL 33160 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: KAREN BUSSEY

09/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RENWICK, JOEL
Address: 17051 NE 23RD AVE #1F
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SD () Delete
Name: HUTCHENS, CECELIA
Address: 17051 NE 23RD AVE #2A
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T () Delete
Name: HEISCHREK, ANNA
Address: 17051 NE 23RD AVE, # 1C
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUSSEY, KAREN
Address: 17051 NE 23RD AVE #1A
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP (X) Change () Addition
Name: MAITLAND, STEVE
Address: 17051 NE 23RD AVE #2J
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SEC (X) Change () Addition
Name: HUTCHENS, CECELIA
Address: 17051 NE 23RD AVE, # 2A
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T () Change (X) Addition
Name: BUSSEY, KAREN
Address: 17051 NE 23RD #1A
City-St-Zip: NORTH MIAMI, FL 33160

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN BUSSEY

P

09/19/2008

Electronic Signature of Signing Officer or Director

Date