

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231903

FILED  
Apr 15, 2009  
Secretary of State

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:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date