

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 300522

1. Entity Name
GREYNOLDS PARK MANOR, INC.



Principal Place of Business
**17400 WEST DIXIE HIGHWAY
N. MIAMI BEACH, FL 33160**

Mailing Address
**17400 WEST DIXIE HIGHWAY
N. MIAMI BEACH, FL 33160**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1213263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEADER, GEORGE N
17400 W DIXIE HWY
N MIAMI BCH., FL 33160**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEADER, GEORGE W
STREET ADDRESS	17400 WEST DIXIE HIGHWAY
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	SD
NAME	LEADER, DIANA
STREET ADDRESS	17400 WEST DIXIE HIGHWAY
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	D
NAME	CASPER, MARTIN E
STREET ADDRESS	17400 WEST DIXIE HIGHWAY
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	D
NAME	LEADER, MICHAEL
STREET ADDRESS	17400 WEST DIXIE HIGHWAY
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	D
NAME	LEADER, ROBIN
STREET ADDRESS	17400 WEST DIXIE HIGHWAY
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80042-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #