2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
04-10-2006 90330 032 ****61.25

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DOCUMENT # 731967

1. Entity Name
GREYHOUND OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ATTN: GOA PRESIDENT 1440 N. MCDUFF AVENUE JACKSONVILLE, FL 32254	ATTN: GOA PRESIDENT 1440 N. MCDUFF AVENUE JACKSONVILLE, FL 32254

02202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1432619 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OOTON, ROBERT 1440 N. MCDUFF AVENUE KENNEL # 8 JACKSONVILLE, FL 32220	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ D GURLEY, GENE 606 OLD BLUE SPRINGS RD LEE, FL 32059	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V - D MICHAEL CROWE 3323 MABRY TER. JACKSONVILLE, FL. 32254 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~FINEGAN, RANDY~~ ~~8478 S. LAKE MARIETTA DRIVE~~ ~~JACKSONVILLE, FL 32220~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONYS DUZAN 1171 YS. LANE AVE APT 103 JACKSONVILLE, FL. 32205 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S - D LAMBERT, WILLIAM IV 7581 BAISDEN RD JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ P - D DIAL, ROBERT T SR 1458 PENDALL PLACE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ T - D OOTON, ROBERT L 773 LEBRON DRIVE JACKSONVILLE, FL 33205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~TROW, BOBBY~~ ~~3434 BLANDING BLVD. APT. 23~~ ~~JACKSONVILLE, FL 32205~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. Ooton Robert L. Ooton 4/6/06 904-695-2178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #