

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90008 029 ****61.25

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01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1432619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # 731967
 1. Entity Name
GREYHOUND OWNERS ASSOCIATION, INC.



Principal Place of Business ATTN: GOA PRESIDENT 1440 N. MCDUFF AVENUE JACKSONVILLE, FL 32254	Mailing Address ATTN: GOA PRESIDENT 1440 N. MCDUFF AVENUE JACKSONVILLE, FL 32254
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OOTON, ROBERT
 1440 N. MCDUFF AVENUE
 KENNEL 6
 JACKSONVILLE, FL 32220**

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 Robert L. Ooton TREAS Robert L. Ooton 2/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURLEY, GENE 806 OLD BLUE SPRINGS RD LEE FL 32059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROWE, MICHAL 3323 MABRY TERRACE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, WILLIAM IV 7561 BAISDEN RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAL, ROBERT T SR 1458 PENDALL PLACE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OOTON, ROBERT L 773 LEBRON DRIVE JACKSONVILLE, FL 33205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURAN, TONY 1171 SOUTH LANE AVENUE SUITE 103 JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

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 2/19/07 904-695-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #