

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731967

FILED
May 07, 2009
Secretary of State

Entity Name: GREYHOUND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ATTN: GOA PRESIDENT
1440 N. MCDUFF AVENUE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

ATTN: GOA PRESIDENT
1440 N. MCDUFF AVENUE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-1432619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CROWE, MICHAL
Address: 3323 MABRY TERRACE
City-St-Zip: JACKSONVILLE, FL 32254

Title: PD () Delete
Name: LAMBERT, WILLIAM IV
Address: 7561 BAISDEN RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: OOTEN, ROBERT L
Address: 773 LEBRON DRIVE
City-St-Zip: JACKSONVILLE, FL 33205

Title: D () Delete
Name: DURAN, TONY
Address: 1171 SOUTH LANE AVENUE SUITE 103
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRONE, JOHN
Address: 3323 MABRY TERRACE
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP (X) Change () Addition
Name: RAE, JIM
Address: 437 RIVER BENCH LN
City-St-Zip: FLEMING ISLAND, FL 32003

Title: ST (X) Change () Addition
Name: WILLIS, SHERON
Address: 10334 WOOD DOVE WAY
City-St-Zip: JACKSONVILLE, FL 32221

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

SIGNATURE: JOHN CRONE

P

05/07/2009

Electronic Signature of Signing Officer or Director

_____ Date