

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751041 (5)
 1. Corporation Name
GREYNOLDS TOWNHOMES ASSOCIATION, INC.

Principal Place of Business 2399 N.E. 171ST STREET N. MIAMI BEACH FL 33160	Mailing Address 2357 NE 171ST ST. N. MIAMI BEACH FL 33160 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CARR, VINCENT D.
 2357 NE 171ST STREET
 N. MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified
02/13/1980

4. FEI Number
59-2366313

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

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

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Rosemond, Daniel**

82 Street Address (P.O. Box Number is Not Acceptable)
2374 NE 172 Street

83

84 City **N. Miami Beach** FL 85 Zip Code **33160**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.003, Florida Statutes.

SIGNATURE **Daniel Rosemond** DATE **5-15-98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARR, VINCENT D	
STREET ADDRESS	2357 NE 171ST ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	PR	<input type="checkbox"/> DELETE
NAME	KAHN, MALIK	
STREET ADDRESS	4281 S.W. 154TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MELGAR, GUSTAVO	
STREET ADDRESS	2380 NE 172ND ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARR, SUZANNE	
STREET ADDRESS	2357 NE 171ST ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCSHERRY, ROXANNE	
STREET ADDRESS	2312 NE 172ND ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Rosemond, Daniel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2374 NE 172 Street	
1.3 STREET ADDRESS	N. Miami Beach, FL 33160	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Rosemond, Maria	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2374 NE 172 Street	
4.3 STREET ADDRESS	N. Miami Beach, FL 33160	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Daniel Rosemond** DATE: **4-1-98** **373-6789 Ext 238**

CR2E037 (1097)