

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003908

FILED
Feb 27, 2006
Secretary of State

Entity Name: GREYSTONE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4659 CHEYENNE POINT TR.
KISSIMMEE, FL 34746

New Principal Place of Business:

478 ZUREIQ POINT
OVIEDO, FL 32765

Current Mailing Address:

4659 CHEYENNE POINT TR.
KISSIMMEE, FL 34746

New Mailing Address:

4250 ALAFAYA TRAIL
SUITE 212, PMB 312
OVIEDO, FL 32765

FEI Number: 59-3756900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUREIQ, MIKE
4659 CHEYENNE POINT TR.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

MORROW, MICHAEL D
478 ZUREIQ POINT
OVIEDO, FL 32765 US

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: MICHAEL D. MORROW

02/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZUREIQ, MIKE
Address: 4669 CHEYENNE POINT TR.
City-St-Zip: KISSIMMEE, FL 34746

Title: DS () Delete
Name: ZUREIQ, RAED
Address: 4669 CHEYENNE POINT TR.
City-St-Zip: KISSIMMEE, FL 34746

Title: DT () Delete
Name: ZUREIQ, TAMMY
Address: 4669 CHEYENNE POINT TR.
City-St-Zip: KISSIMMEE, FL 34746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MORROW, MICHAEL D
Address: 478 ZUREIQ POINT
City-St-Zip: OVIEDO, FL 32765

Title: DS (X) Change () Addition
Name: BRINO, LILLYETTE L
Address: 466 ZUREIQ POINT
City-St-Zip: OVIEDO, FL 32765

Title: DT (X) Change () Addition
Name: SELLERS, WILLIAM W
Address: 3809 GREYSTONE LEGEND PLACE
City-St-Zip: OVIEDO, FL 32765

Title: DV () Change (X) Addition
Name: DESAI, VIMAL
Address: 482 ZUREIQ POINT
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM W. SELLERS

DT

02/27/2006

Electronic Signature of Signing Officer or Director

Date