2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003908

FILED May 01, 2007 Secretary of State

Entity Name: GREYSTONE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 478 ZUREIQ POINT OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** 4250 ALAFAYA TRAIL P.O. BOX 621767 SUITE 212, PMB 312 OVIEDO, FL 32762 OVIEDO, FL 32765 FEI Number: 59-3756900 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MORROW, MICHAEL D Name: Name: 478 ZUREIQ POINT Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: BRINO, LILLYETTE L Name: Address: 466 ZUREIQ POINT Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition SELLERS, WILLIAM W Name: Name: 3809 GREYSTONE LEGEND PLACE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: () Delete Title: DV Title: DV (X) Change () Addition Name: DESAI, VIMAL Name: STAHL, JERRY L Address: 482 ZUREIQ POINT Address: 463 ZUREIQ POINT City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

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: WILLIAM W. SELLERS DT 05/01/2007