

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90014 021 \*\*\*\*61.25

**DOCUMENT # N02000004818**

1. Entity Name

**GRAYS' COTTAGES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

3007 DER RD.  
PLANT CITY FL 33566-0545

Mailing Address

3007 DER RD.  
PLANT CITY FL 33566-0545

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, HAROLD R**  
**3007 DER RD.**  
**PLANT CITY FL 33566-0545**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COOPER, BENJAMIN JR	
STREET ADDRESS	821 ALASKA WOODS LANE	
CITY-ST-ZIP	ORLANDO FL 32824	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RICHELLE	
STREET ADDRESS	9909 HARTER-SMITH DRIVE	
CITY-ST-ZIP	LITHIA FL 33547	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRAY, NAOMI C	
STREET ADDRESS	3007 DER RD	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	MD	<input type="checkbox"/> Delete
NAME	GRAY, HAROLD R	
STREET ADDRESS	3007 DER RD	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, HAROLD RICHARD JR	
STREET ADDRESS	2305 SPRUCEWOOD LN	
CITY-ST-ZIP	PLANT CITY, FL 33563	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHELLE	
STREET ADDRESS	9909 HARTER-SMITH DR	
CITY-ST-ZIP	LITHIA FL 33547	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, NAOMI C	
STREET ADDRESS	3007 DER RD	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Harold R Gray*

1/25/06

813-752-5269