

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90017 018 \*\*\*\*61.25

**DOCUMENT # N02000009749**



1. Entity Name  
**GRASS INLET AT OYSTER BAY HOMEOWNERS  
ASSOCIATION, INC.**

Principal Place of Business  
~~408 MERIDIAN RIDE~~ **1005 Capital Circle NW**  
**TALLAHASSEE, FL 32303**  
**32304**

Mailing Address  
~~408 MERIDIAN RIDE~~ **1005 Capital Circle NW**  
**TALLAHASSEE, FL 32303**  
**32304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State  
**Tallahassee**

Zip

Country

Zip

Country

**32315**

07202005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KORNEGAY, ROBERT W**  
**408 MERIDIAN RIDE**  
**TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1005 Capital Circle NW**

City

**Tallahassee**

FL

Zip Code

**32304**

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

*Robert W. Kornegay*

(NOTE: Registered Agent signature required when reinstating)

**7/20/05**

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

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 **D** ☐ Delete  
NAME **KORNEGAY, ROBERT W**  
STREET ADDRESS ~~408 MERIDIAN RIDE~~ **1005 Capital Circle NW**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303 32304**

TITLE **D** ☒ Delete  
NAME **ATKINSON, BETTY**  
STREET ADDRESS **1235 HAMILTON ST**  
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **D** ☐ Delete  
NAME **KORNEGAY, STACIE**  
STREET ADDRESS ~~408 MERIDIAN RIDE~~ **1005 Cap. Circle NW**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303 32304**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Robert W. Kornegay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/05**

Date

**850-575-2093**

Daytime Phone #