

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N020Q0009749

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



FILED
Jan 05, 2006 08:00 AM
Secretary of State

Principal Place of Business
1005 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304

Mailing Address
PO BOX 38579
TALLAHASSEE, FL 32315



01032006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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
1005 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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: *R. Kornegay* 1-3-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KORNEGAY, ROBERT W
1005 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KORNEGAY, STACIE
1005 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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1000000378407
01/09/06-80004-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *R. Kornegay* 1-3-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #