

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009749

**FILED**  
**Aug 22, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

320 ELOISE STREET  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

14 BOARDWALK WAY  
CRAWFORDVILLE, FL 32327 US

**Current Mailing Address:**

PO BOX 38579  
TALLAHASSEE, FL 32315

**New Mailing Address:**

14 BOARDWALK WAY  
CRAWFORDVILLE, FL 32327 US

FEI Number: 30-0644279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KORNEGAY, ROBERT W  
320 ELOISE ST  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

MARSELLA, ELIZABETH A  
14 BOARDWALK WAY  
CRAWFORDVILLE, FL 32327 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: ELIZABETH A MARSELLA

08/22/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MRS  
Name: MARSELLA, ELIZABETH A  
Address: 14 BOARDWALK WAY  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: MR  
Name: MARSELLA, RICHARD F  
Address: 14 BOARDWALK WAY  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: MR  
Name: HAMPTON, CHRISTOPHER  
Address: 8272 CHICKSAW TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MR  
Name: GALVIN, TOM  
Address: 4423 WOODBRIDGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MR  
Name: KREUCHER, GERALD  
Address: 1905 SOUTH MAGNOLIA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MR  
Name: LEWIS, JASON  
Address: 1932 MALLORY SQUARE  
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH A MARSELLA

MRS

08/22/2014

Electronic Signature of Signing Officer or Director

Date