

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005055

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** GREYSTONE TOWN HOMES OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

% THE CONTINENTAL GROUP  
385 DOUGLAS AVENUE, SUITE 3000  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

% THE CONTINENTAL GROUP  
385 DOUGLAS AVENUE, SUITE 3000  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 58-2675013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WADDICK, LORI  
% THE CONTINENTAL GROUP  
385 DOUGLAS AVENUE, SUITE 3000  
ALTAMONTE SPRINGS, FL 32714 US

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

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:**

**Title:** P  
**Name:** STLAWRENCE, BILL  
**Address:** 1320 TRAVERTINE TERRACE  
**City-St-Zip:** SANFORD, FL 32771

**Title:** VP  
**Name:** CONATSER, CHARLES  
**Address:** 1588 TRAVERTINE TERRACE  
**City-St-Zip:** SANFORD, FL 32771

**Title:** D  
**Name:** MILLMAN-COOPER, LAURIE  
**Address:** 1246 TRAVERTINE TERRACE  
**City-St-Zip:** SANFORD, FL 32771

**Title:** S  
**Name:** SLABY, KATHLEEN  
**Address:** 1723 TRAVERTINE TERRACE  
**City-St-Zip:** SANFORD, FL 32771

**Title:** T  
**Name:** HUBBARD, NANCY  
**Address:** 1046 COQUINA LANE  
**City-St-Zip:** SANFORD, FL 32771

**Title:** D  
**Name:** RAY, CHRIS  
**Address:** 1116 LIMSTONE RUN  
**City-St-Zip:** SANFORD, FL 32771

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:** BILL ST. LAWRENCE

PRES

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date