

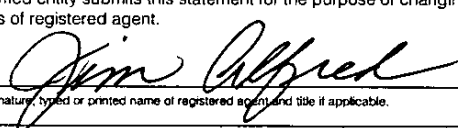
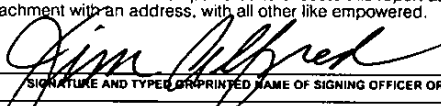


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000001457						FILED 06 APR 12 PM 2:17 	
1. Entity Name GREY'S RUN HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301				Mailing Address 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301			
2. Principal Place of Business 1101 DREAMCATCHER CT.				3. Mailing Address 1101 DREAMCATCHER CT.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL				City & State TALLAHASSEE, FL			
Zip 32311				Zip 32311			
Country USA				Country USA			
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMPSON, SUSAN S 3520 THOMASVILLE RD 4 FLR TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name JIM ALFRED Street Address (P.O. Box Number is Not Acceptable) 1101 DREAMCATCHER CT. City TALLAHASSEE FL Zip Code 32311			
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 				DATE 4/12/2006			
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELDON, ALLEN 6409 WOODVILLE HWY TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM ALFRED 1101 DREAMCATCHER CT. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, DOUGLAS E 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID CONNER 1111 DREAMCATCHER CT. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAXON, FRED 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENCE CARTER 5461 CADDOR DR. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTY RAGGETT 1108 GREY BEAR CT. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
B 4/12/06				500072740095 04/28/06--01033--011 **61.25			
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: 				Jim ALFRED 4/12/2006 850-933-9507			