

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001457

FILED
Apr 30, 2007
Secretary of State

Entity Name: GREY'S RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1101 DREAMCATCHER CT.
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

1101 DREAMCATCHER CT.
TALLAHASSEE, FL 32311 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALFRED, JIM
1101 DREAMCATCHER CT.
TALLAHASSEE, FL 32311 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: D () Delete
Name: ALFRED, JIM
Address: 1101 DREAMCATCHER CT.
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D () Delete
Name: CONNER, DAVID
Address: 1101 DREAMCATCHER CT.
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D () Delete
Name: CARTER, LAWRENCE
Address: 5461 CADDOR DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: RAGGETT, MARTY
Address: 1108 GREY BEAR CT
City-St-Zip: TALLAHASSEE, FL 32311

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BETSEY, HENRY
Address: 1100 DREAMCATCHER CT.
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D (X) Change () Addition
Name: CARTER, LAWRENCE
Address: 5461 CADDOR DR
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D (X) Change () Addition
Name: RAGGETT, MARTY
Address: 1108 GREY BEAR CT
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D () Change (X) Addition
Name: HALEY-GLEASON, JENNIFER
Address: 5501 CADDOR DR
City-St-Zip: TALLAHASSEE, FL 32311 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM ALFRED

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date