2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# N04000009322

Entity Name: GRAYTON CORNERS CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

179 ROSEHILL DR., WEST
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

179 ROSEHILL DR., WEST
TALLAHASSEE, FL 32312

New Mailing Address:

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

Name and Address of Current Registered Agent:

OOTEN, TERRY
179 ROSEHILL DR., WEST
TALLAHASSEE, FL 32312 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: PDS ( ) Delete
Name: OOTEN, TERRY
Address: 179 ROSEHILL DR., WEST
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete
Name: OOTEN, MELISSA
Address: 179 ROSEHILL DR., WEST
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete
Name: GLEANER, STEVE
Address: 57 HIDDEN VILLAGE TRAIL
City-St-Zip: HIGHLANDS, NC 28741

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VD ( ) Change (X) Addition
Name: WALLER, JIM
Address: 32 EAST COUNTY HWY 30-A, SUITE C
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERRY OOTEN PDS 02/01/2005

Electronic Signature of Signing Officer or Director — Date