

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-12-2006 90029 015 ****61.25

N04000009322

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 PM 4:01

DOCUMENT # N04000009322

1. Entity Name
GRAYTON CORNERS CONDOMINIUMS ASSOCIATION,
INC.



Principal Place of Business
179 ROSEHILL DR., WEST
TALLAHASSEE, FL 32312

Mailing Address
179 ROSEHILL DR., WEST
TALLAHASSEE, FL 32312

40091700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number

20-2364787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OOTEN, TERRY
179 ROSEHILL DR., WEST
TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PDS ☐ Delete
NAME OOTEN, TERRY
STREET ADDRESS 179 ROSEHILL DR., WEST
CITY-STATE-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE TD ☐ Delete
NAME OOTEN, MELISSA
STREET ADDRESS 179 ROSEHILL DR., WEST
CITY-STATE-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VD ☐ Delete
NAME GLEANER, STEVE
STREET ADDRESS 57 HIDDEN VILLAGE TRAIL
CITY-STATE-ZIP HIGHLANDS, NC 28741

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VD ☐ Delete
NAME WALLER, JIM
STREET ADDRESS 32 EAST COUNTY HWY 30-A, SUITE C
CITY-STATE-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] VD Jim Waller VP 5-4-06