

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010824

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** GRAYTON TRAIL SUBDIVISAION, PHASE II OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

279 GRAYTON TRAIL  
SANTA ROSA BEACH, FL 32549

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1569  
SANTA ROSA BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 26-2088006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUE ROB, J R  
221 MCKENZIE AVENUE  
PANAMA CITY, FL US

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

BLUE, ROB J R  
221 MCKENZIE AVENUE  
PANAMA CITY, FL US

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: ROB BLUE, JR.

04/30/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLUE, F. LLOYD JR  
Address: P.O. BOX 1569  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD ( ) Delete  
Name: STAFFORD, RICHARD E  
Address: 3812 WEST CO. HWY 30-A  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STVD ( ) Delete  
Name: EATON, JAMES E  
Address: 3682 BOBBINE BROOK CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

**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:

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: F. LLOYD BLUE, JR.

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date