

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90026 025 \*\*\*\*61.25

**DOCUMENT # N06000011910**

1. Entity Name

GREYSTONE AT BOYNTON BEACH HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

1600 SAWGRASS CORP PKWY STE 300  
SUNRISE, FL 33323

Mailing Address

1600 SAWGRASS CORP PKWY STE 300  
SUNRISE, FL 33323

**60024352**



04042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-8167840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HELFMAN, STEVEN M ESQ  
1600 SAWGRASS CORP PKWY SUITE 300  
SUNRISE, FL 33323

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IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, BARBARA  
STREET ADDRESS 1600 SAWGRASS CORPORATE PARKWAY SUITE 300  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE VD  
NAME DEPLAZA, MARCIE  
STREET ADDRESS 1600 SAWGRASS CORPORATE PARKWAY SUITE 300  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE STD  
NAME MENENDEZ, N. MARIA  
STREET ADDRESS 1600 SAWGRASS CORPORATE PARKWAY SUITE 300  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

4/8/08

Daytime Phone #