


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90011 026 ****61.25

DOCUMENT # N08890	
1. Entity Name GREYSTONE PARK MOBILE HOMEOWNERS, INC.	

Principal Place of Business 13300 E. TAMiami TRAIL LOT 66 NAPLES, FL 34114 US	Mailing Address 13300 E. TAMiami TRAIL LOT 66 NAPLES, FL 34114 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent MATT KAMIENARZ 13300 E TAMiami TRL LOT 66 NAPLES, FL 34114	
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40025851



02152006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, GEORGE <input type="checkbox"/> Delete 13300 E. TAMiami TRAIL #30 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUMBLESon, STARLING <input checked="" type="checkbox"/> Delete 13300 E. TAMiami TRAIL #31 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAWLOWSKI, JANET <input checked="" type="checkbox"/> Delete 13300 E. TAMiami TRAIL #61 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNDS, BUD <input checked="" type="checkbox"/> Delete 13300 E. TAMiami TRAIL #64 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDWALD, DICK <input checked="" type="checkbox"/> Delete 13300 E. TAMiami TRAIL #48 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMES, CHARLES <input type="checkbox"/> Delete 13300 E. TAMiami TRAIL #25 NAPLES, FL 34114

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDWALD, DICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13300 E. TAMiami TRAIL #48
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRIBESH, SANDRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13300 E. TAMiami TRAIL #79
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAWLOWSKI, JANET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13300 E. TAMiami TRAIL #61
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERWIN, CLIFF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13300 E. TAMiami TRAIL #65
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sandra Ribesh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-06

Date Daytime Phone #