## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N10676**

1. Entity Name

**GRAYTON BEACH VILLAS CONDOMINIUM** ASSOCIATION, INC.



**FILED** Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

6351 MTN. RBOOK WAY ATLANTA, GA 30328

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04262007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 63-0923144

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, WILLIAM H 664 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435

## DO NOT WRITE 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)  |  | Brigge Litt | DATE   |
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Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME DEHART, TOM STREET ADDRESS P.O. BOX 58407 CITY-ST-ZIP **GERMANTOWN, TN 351830407** TITLE NAME FINKLE, DONALD V STREET ADORESS 6351 MOUNTAIN BROOK WAY CITY-ST-7IP ATLANTA, GA 30328 TITLE TSD NAME FINKLE, DONALD V STREET ADDRESS 6351 MOUNTAIN BROOK WAY CITY-ST-ZIP ATLANTA, GA 30328 TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000748329 05/17/07-80062-015 61.25

## 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

**SIGNATURE** 

TITLE

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP