

# STATEMENT OF FACT

Re: Grass Pond Homeowners Association, Inc.  
Document #: N15000004300

To whom it may concern:

The annual report filed on 03/02/2022 (see exhibit A) and the changes made therein are fraudulent and were filed without knowledge or consent of Grass Pond Homeowners Association, Inc. This letter serves as a record to the State Department of the fraudulent filing.

If more information is needed, please contact me via email at [kristinarosalie@gmail.com](mailto:kristinarosalie@gmail.com).

Thank you.



Kristina Johnson  
Secretary/Treasurer

700387953507

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004300

**Entity Name:** GRASS POND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1264 LOVERS COURT  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

PO BOX 12172  
TALLAHASSEE, FL 32317 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JOHNSON, KRISTINA  
1264 LOVERS COURT  
TALLAHASSEE, FL 32317 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D	Title	D
Name	MCDERMOTT, KENNETH	Name	MCDERMOTT, KATHLEEN
Address	PO BOX 61	Address	PO BOX 61
City-State-Zip:	GLADSTONE NJ 07934	City-State-Zip:	GLADSTONE NJ 07934
Title	D	Title	P
Name	LAPONTE, CHERYL	Name	JONES, CHASE
Address	5773 VETERANS MEMORIAL DRIVE	Address	P O BOX 12172
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32317
Title	V	Title	ST
Name	PHOENIX, MIKE	Name	JOHNSON, KRISTINA
Address	PO BOX 12172	Address	1264 LOVERS COURT
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317
Title	D	Title	D
Name	LIPHAM, DANNY	Name	PALUSZEK, MIKE
Address	PO BOX 12172	Address	PO BOX 12172
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317

**Continues on page 2**

*I hereby 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 recorder 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 all other like empowered.*

**SIGNATURE:** KENNETH MCDERMOTT

**MEMBER**

**03/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date