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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: GREYSTONE HOMEOWNERS' ASSOCIATION OF WAKULLA, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Frances C. Lowe

Name (Printed or typed)

68-A Feli Way

Address

Crawfordville, FL 32327

City, State & Zip

850-926-8245

Daytime Telephone number

paiffordconstruction@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S.. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Greystone Homeowners' Association of Wakulla, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

285 Tiger Hammock Road

Crawfordville, FL 32327

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide guidance and outline restrictions for Greystone Subdivision as well as assist and cooperat with the installation and service of utilities. See attached.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Pafford / Director (D)

Name and Title: Mariah Elliot / Director (D)

Address 285 Tiger Hammock Road

Address: 285 Tiger Hammock Road

Crawfordville, FL 32327

Crawfordville, FL 32327

Name and Title: Micah Fontenot / Director (D)

Name and Title:

Address 285 Tiger Hammock Road

Address:

Crawfordville, FL 32327

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael E. Pafford
Address: 285 Tiger Hammock Road
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frances C. Lowe
Address: 68-A Feli Way
Crawfordville, FL 32327

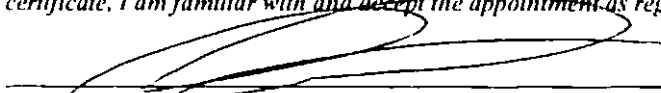
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

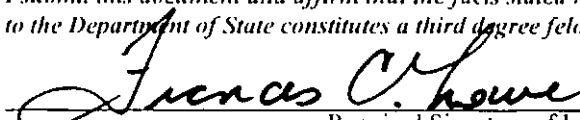


Required Signature of Registered Agent

8/2/2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

8/2/2024

Date

ARTICLE III – PURPOSE:

Duties:

The Association shall operate, maintain and manage the stormwater management system(s) in a manner consistent with the requirements of NFWWMD Permit No. IND -129-311961-2 and applicable NFWWMD rules, and shall assist in the enforcement of the restrictions and covenants contained herein.

Powers:

The Association shall levy and collect adequate assessments against members of the Association for the costs of maintenance and operation of the stormwater management system.

Assessments:

The assessments shall be used for the maintenance and repair of the stormwater management systems and mitigation or preservation areas, including but not limited to work within retention areas, drainage structures and drainage easements.

Dissolution Language:

In the event of termination, dissolution or final liquidation of the Association, the responsibility for the operation and maintenance of the stormwater management system must be transferred to and accepted by an entity which complies with Rule 62-330.310, F.A.C., and Applicant's Handbook Volume I, Section 12.3, and be approved by the NFWWMD prior to such termination, dissolution or liquidation.

Existence and Duration:

Existence of the Association shall commence with the filing of these Articles of Incorporation with the Secretary of State, Tallahassee, Florida. The Association shall exist in perpetuity.