


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90023 027 *****70.00

DOCUMENT # N94000000680 1. Entity Name GREYFIELD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD #11B ORANGE PARK, FL 32065 US			Mailing Address PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD #11B ORANGE PARK, FL 32065 US		
2. Principal Place of Business Suite, Apt. #, etc. <u>Suite 118</u> City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt. #, etc. <u>Suite 118</u> City & State _____ Zip _____ Country _____		
4. FEI Number 59-3183698			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PERRY, ALAN 786 BLANDING BLVD #11B ORANGE PARK, FL 32065				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <u>Suite 118</u> City _____ State <u>FL</u> Zip Code _____	
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 <u>[Signature]</u> DATE <u>03/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MICHAEL 7685 ENDEROY AVE E. JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCALLEN, ROGER 7734 INVERMERE BLVD JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKNIGHT, NANCY 7794 INVERNESS BLVD JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete KOCH, BILL 7831 LARY SMITH LN JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALTERS, TWILA 7795 INVERMERE BLVD JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CAMERON, PAULA 7829 ENDERBY AVE S JACKSONVILLE, FL 32210		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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/19/06</u> Daytime Phone # <u>7715408</u>		