

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005645

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** THE LAKEPLACE AT GRAYTON BEACH OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

THE ASSOCIATION OFFICE  
7 TOWN CENTER LOOP #C16  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1247  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 59-3282476      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

STENBERG, CYNTHIA T  
7 TOWN CENTER LOOP  
# C16  
SANTA ROSA BEACH, FL 32459 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WATSON, TOM  
Address: 144 WILDERNESS WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD  
Name: WARD, JOYCE  
Address: 135 WILDERNESS WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD  
Name: KIRST, RUTH  
Address: 361 WILDENESS WAY  
City-St-Zip: GRAYTON BEACH, FL 32459

Title: D  
Name: FARISH, FRANK  
Address: 2613 SOUTHMINSTER  
City-St-Zip: BIRMINGHAM, AL 35243

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 receiver 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: TOM WATSON

PD

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date