

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003599

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

**Entity Name:** GREY OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6014 US HWY. 19 NORTH  
SUITE 504  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

6014 US HWY 19 N  
SUITE 504  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

6014 US HWY. 19 NORTH  
SUITE 504  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

6014 US HWY 19 N  
SUITE 504  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-3462191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEY, HELEN  
C/O CREATIVE MANAGEMENT & DESIGN, LLC  
6014 US HWY 19 NORTH, SUITE 504  
NEW PORT RICHEY, FL 34652 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: FUSCO, ALBERT  
Address: 6014 US HWY 19, SUITE 504  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DVP  
Name: LUBNER, CHARLES  
Address: 6014 US HWY 19, SUITE 504  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D  
Name: JACOBSON, CHARLES  
Address: 6014 US HWY 19, SUITE 504  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DT  
Name: ALLRED, SUNSHINE M  
Address: 6014 US HWY 19, SUITE 504  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DS  
Name: OLIVERIO-HUFF, CATHERINE  
Address: 6014 US HWY 19, SUITE 504  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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:** HELEN KELLEY

MGR

02/20/2010

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

\_\_\_\_\_  
Date