

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-24-2006 90020 029 \*\*\*150.00

**DOCUMENT # P98000029491**

1. Entity Name

GREYKNOLLS LAKE ASSOCIATION, INC.



Principal Place of Business

1830 N.E. 193 STREET  
NORTH MIAMI BEACH FL 33179

Mailing Address

1830 N.E. 193 STREET  
NORTH MIAMI BEACH FL 33179



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

VEREBAY, LAYNE  
190 N.E. 199TH STREET, SUITE 204  
NORTH MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MILLER, JUANITA  
STREET ADDRESS 18735 NE 18 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE S ☐ Delete  
NAME STAFMAN, GEORGE  
STREET ADDRESS 1820 N.E. 193RD STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE V ☐ Delete  
NAME BROOK, RICHARD  
STREET ADDRESS 1891 NE 188 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE T ☐ Delete  
NAME BASS, LINDA  
STREET ADDRESS 1830 NE 193 STREET  
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA H BASS

Date

Daytime Phone #

3/8/06

305-937-1813