

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

0048527

DOCUMENT # N01000000911

1. Entity Name

ESTUARY AT GREY OAKS PROPERTY OWNERS ASSOCIATION, INC.

04-28-2002 90677 001 ***140.00

Principal Place of Business

Mailing Address

4200 GULF SHORE BLVD N
 NAPLES FL 34103

4200 GULF SHORE BLVD N
 NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 04-3627491

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, C NEIL ESQ
850 PARK SHORE DR
NAPLES FL 34103

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.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP MULLINS, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	2590 GOLDEN GATE PKWY, STE 110	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE NAME	DVS BAKER, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	4200 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	DV LUTGERT, KURT	<input type="checkbox"/> Delete
STREET ADDRESS	2590 GOLDEN GATE PKWY, STE 110	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE NAME	VTAS GUTMAN, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	4200 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED **HOWARD B GUTMAN** 4/17/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)