# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# N01000000911

**Entity Name:** ESTUARY AT GREY OAKS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4200 GULF SHORE BLVD N
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4200 GULF SHORE BLVD N
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number: 04-3627491** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LUTGERT, KURT
4200 GULF SHORE BLVD N
NAPLES, FL 34103 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: DVPS ( ) Delete
Name: BAKER, RICHARD
Address: 4200 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: DP ( ) Delete
Name: LUTGERT, KURT
Address: 4200 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: DVPT ( ) Delete
Name: GUTMAN, HOWARD
Address: 4200 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WELDER, CHRISTINE
Address: 4200 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HOWARD B GUTMAN DVPT 04/16/2009

Electronic Signature of Signing Officer or Director — Date