

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48016** (2)
1. Corporation Name
GREY OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**2640 GOLDEN GATE PKWY
STE 115
NAPLES FL 33942**

Mailing Address
**P.O. BOX 413038
-STP-115
NAPLES FL 33941
US**

3. Date Incorporated or Qualified
03/23/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
65-0331728

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CORNELL, ANN~~
~~2640 GOLDEN GATE PKWY~~
~~STE 115~~
~~NAPLES FL 33942~~

81 Name
James E. Pierce

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

83 **2600 Golden Gate Parkway**

84 City
Naples

85 Zip Code
FL 33942

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BULLOCK, ROBERT O**
STREET ADDRESS **2640 GOLDEN GATE PARKWAY**
CITY - ST - ZIP **NAPLES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE
NAME **MORTON, MARK**
STREET ADDRESS **2640 GOLDEN GATE PARKWAY**
CITY - ST - ZIP **NAPLES FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **ST** ☐ DELETE
NAME **CORNELL, ANN T**
STREET ADDRESS **2640 GOLDEN GATE PARKWAY**
CITY - ST - ZIP **NAPLES FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **CRAWLEY, ROY E JR**
STREET ADDRESS **2640 GOLDEN GATE PARKWAY**
CITY - ST - ZIP **NAPLES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/96

941/262-2600

CR2E037 (12/95)