


FILE NOW: FILING FEE IS \$61.25

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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 NAPLES FL 34101-3038 US
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3. Date Incorporated or Qualified 03/23/1992	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip 34105	28. Country
24. Zip 34105	29. Country
25. Country	30. Country

4. FEI Number 65-0331728	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PIERCE, JAMES E
2600 GOLDEN GATE PKWY
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name Roy E. Cawley, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 2600 Golden Gate Parkway
83 Suite, Apt. #, etc. Suite 200
84 City Naples
85 State FL
86 Zip Code 34105

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:  **Roy E. Cawley, Jr. D** **04/18/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BULLOCK, ROBERT Q	<input type="checkbox"/> DELETE
STREET ADDRESS 2640 GOLDEN GATE PARKWAY	CITY - ST - ZIP NAPLES FL	
TITLE VD	NAME PIERCE, JAMES E	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2640 GOLDEN GATE PARKWAY	CITY - ST - ZIP NAPLES FL	
TITLE ST	NAME CROWLEY, DAVID	<input type="checkbox"/> DELETE
STREET ADDRESS 2640 GOLDEN GATE PARKWAY	CITY - ST - ZIP NAPLES FL	
TITLE D	NAME CAWLEY, ROY E JR	<input type="checkbox"/> DELETE
STREET ADDRESS 2640 GOLDEN GATE PARKWAY	CITY - ST - ZIP NAPLES FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS 2600 Golden Gate Parkway	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **ROY E. CAWLEY, JR.** **04/18/97** **941-262-2600**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (9/96)

1997 OFFICERS AND DIRECTORS

OFFICER/
DIRECTOR GREY OAKS PROPERTY
OWNERS ASSOCIATION, INC.

P/D Robert G. Bullock
2640 Golden Gate Parkway
Naples, FL 34105

S/T David Crowley
2600 Golden Gate Parkway
Naples, FL 34105

D
RA Roy E. Cawley, Jr.
2600 Golden Gate Parkway
Naples, FL 34105