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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003553**

1. Corporation Name

THE MEWS AT GREY OAKS HOMEOWNERS ASSOCIATION, IN C

Principal Place of Business	Mailing Address
2640 GOLDEN GATE PKY.. STE 303 NAPLES FL 33942	2640 GOLDEN GATE PKY.. STE 303 NAPLES FL 33942

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1876 Trade Center Way	26 1876 Trade Center Way	07/27/1995
Suite, Apt. #, etc. 22 Suite B	Suite, Apt. #, etc. 27 Suite B	4. FEI Number 65-0602204 ☐ Applied For ☐ Not Applicable
City & State 23 Naples FL	City & State 28 Naples FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34109 25 USA	Zip / Country 29 34109 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOURGEAU, DAVID C 600 5TH AVE., S., STE 207 NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	ROBERTS, PETER J		1.2 NAME	
STREET ADDRESS	2640 GOLDEN GATE PKY., STE 303		1.3 STREET ADDRESS	1876 Trade Center Way, Suite B
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP	Naples Fl 34109
TITLE	D	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, LINDA		2.2 NAME	
STREET ADDRESS	2640 GOLDEN GATE PKY., STE 303		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WISE, NANCY K.		3.2 NAME	
STREET ADDRESS	2640 GOLDEN GATE PKY., STE 303		3.3 STREET ADDRESS	1876 Trade Center Way, Suite B
CITY-ST-ZIP	NAPLES FL 34105		3.4 CITY-ST-ZIP	Naples FL 34109
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/8/99 941-597-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)