## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an a

SIGNATURE:

## **FILED** DOCUMENT # **N95000003553** May 04, 2000 8:00 am 1. Entity Name Secretary of State THE MEWS AT GREY OAKS HOMEOWNERS ASSOCIATION, IN 05-04-2000 90155 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 1876 TRADE CTR WAY 1876 TRADE CENTER WAY STE B STE B NAPLES FL 33942 NAPLES FL 34109-1864 3. Mailing Address 2. Principal Place of Business 3254 Sedge Place 3254 Sedge Place Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0602204 Naples, Florida Naples, Florida Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 34105 U.S.A. Fee Required 34105 U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William L. Owens, Esq. Street Address (P.O. Box Number is Not Acceptable) **BOURGEAU, DAVID C** o Bond, Schoeneck & King, 600 5TH AVE., S., STE 207 4001 Tamiami Trail North, Suite 404 NAPLES FL 33940 Naples 34103 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. William L. Owens, Esq. Registered Agent 4/27/00 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **X** Change ☐ Addition Delete TITLE TITLE P/D Wendy Wood ROBERTS, PETER J NAME NAME STREET ADDRESS 3254 Sedge Place STREET ADDRESS 1876 TRADE CTR WAY STE B Naples, Florida 34105 CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34109 **X** Change ☐ Addition **X** Delete V/D: Ti TITLE TITLE NAME ROBERTS, LINDA NAME Stan Lipp STREET ADDRESS 3270 Sedge Place STREET ADDRESS 2640 GOLDEN GATE PKY., STE 303 CITY-ST-ZIP Naples. Florida 34105 CITY-ST-ZIP NAPLES FL 33942 XX Change X Delete ☐ Addition TITLE TITLE S/T/D NAME WISE, NANCY K. NAME Michael Swedan 3119 Indigobush Way STREET ADDRESS 1876 TRADE CTR WAY STE B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples, Florida 34105 NAPLES FL 34109 ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier model resort 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

like empowéred.

RStan Impp, Vice President

4/27/00 (941) 649-5407