

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90482 028 ****61.25

DOCUMENT # N95000003553

1. Entity Name

THE MEWS AT GREY OAKS HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**3254 SEDGE PLACE
 NAPLES FL 34105
 US**

**C/O INTERGRATED PROPERTY MANAGEMENT
 3435 10TH ST. N. #201
 NAPLES FL 34103
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0602204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWENS, WILLIAM L ESQ
 C/O BOND SCHOENCK & KING P.A
 4001 TAMiami TRAIL N SUITE 404
 NAPLES FL 34103**

**C/O INTERGRATED PROPERTY MANAGEMENT
 3435 10TH ST. N. #201
 NAPLES FL 34103
 US**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

65-0602204

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **WOOD, WENDY**
 STREET ADDRESS **3254 SEDGE PLACE**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **LIPP, STAN**
 STREET ADDRESS **3270 SEDGE PLACE**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☒ Change ☐ Addition
 NAME **S/D Lipp, Stan**
 STREET ADDRESS **3270 Sedge Place**
 CITY-ST-ZIP **Naples, FL 34105**

TITLE **STD** ☒ Delete
 NAME **SWEDAN, MICHAEL**
 STREET ADDRESS **3119 INDIGOBUSH WAY**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☒ Addition
 NAME **T/D Schutt, Rachel**
 STREET ADDRESS **3218 Sedge Place**
 CITY-ST-ZIP **Naples, FL 34105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

941-430-1066

Daytime Phone #

CR2E037 (9/01)