2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-03-2005 90047 021 ****61.25

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1. Entity Name
THE MEWS AT GREY OAKS HOMEOWNERS ASSOCIATION, INC

50010179

Principal Place of Business	Mailing Address
3254 SEDGE PLACE NAPLES, FL 34105 US	GREY OAKS COMMUNITY SERVICES, INC. 2386 GREY OAKS DRIVE NORTH NAPLES, FL 34105 US

01172005 No Chg-NP CR2E037 (10/03)

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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

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOOD, WENDY
STREET ADDRESS	3254 SEDGE PLACE
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	VT
NAME	LIPP, STAN
STREET ADDRESS	3270 SEDGE PLACE
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	T
NAME	HOGAN, LOIS
STREET ADDRESS	3107 INDIGOBUSH WAY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wendy Wood (WOOD) 1/31/05 239-430-1066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #