2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N95000003553

Entity Name: THE MEWS AT GREY OAKS HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

3254 SEDGE PLACE
NAPLES, FL 34105 US

New Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104 US

Current Mailing Address:

GREY OAKS COMMUNITY SERVICES, INC.
2386 GREY OAKS DRIVE NORTH
NAPLES, FL 34105 US

New Mailing Address:

PO BOX 110339
NAPLES, FL 34108 US

FEI Number: 65-0602204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVENUE
NAPLES, FL 34104 US

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: BEVERLY KEUTER 04/28/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOOD, WENDY
Address: 3254 SEDGE PLACE
City-St-Zip: NAPLES, FL 34105

Title: VT ( ) Delete
Name: LIPP, STAN
Address: 3270 SEDGE PLACE
City-St-Zip: NAPLES, FL 34105

Title: T ( ) Delete
Name: HOGAN, LOIS
Address: 3107 INDIGOBUSH WAY
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY WOOD PD 04/28/2006
Electronic Signature of Signing Officer or Director Date