

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 05, 2006
Secretary of State

DOCUMENT# N95000003553

Entity Name: THE MEWS AT GREY OAKS HOMEOWNERS ASSOCIATION, INC**Current Principal Place of Business:**4306 ARNOLD AVENUE
NAPLES, FL 34104 US**New Principal Place of Business:**3222 SEDGE PL
NAPLES, FL 34105 US**Current Mailing Address:**PO BOX 110339
NAPLES, FL 34108 US**New Mailing Address:**3222 SEDGE PL
NAPLES, FL 34105 US**FEI Number:** 65-0602204**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KUETER, BEVERLY
4306 ARNOLD AVENUE
NAPLES, FL 34104 US**Name and Address of New Registered Agent:**GORMAN, GREG
3222 SEDGE PL
NAPLES, FL 34105 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: GREG GORMAN

07/05/2006

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: PD (X) Change () Addition
Name: GORMAN, GREG
Address: 3222 SEDGE PLACE
City-St-Zip: NAPLES, FL 34105

Title: VD (X) Change () Addition
Name: GOSS, BRYSON
Address: 3210 SEDGE PLACE
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change () Addition
Name: SHLESINGER, SAM
Address: 3218 SEDGE PL
City-St-Zip: NAPLES, FL 34105

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: GREG GORMAN

PD

07/05/2006

Electronic Signature of Signing Officer or Director

Date