

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90249 029 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003553			
1. Entity Name THE MEWS AT GREY OAKS HOMEOWNERS ASSOCIATION, INC			
Principal Place of Business 3254 SEDGE PLACE NAPLES FL 34105 US		Mailing Address C/O INTERGRATED PROPERTY MANAGEMENT 3435 10TH ST. N. #201 NAPLES FL 34103 US	
2. Principal Place of Business		3. Mailing Address Grey Oaks Community Services, Inc	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2386 Grey Oaks Drive North	
City & State		City & State Naples	
Zip	Country	4. FEI Number	5. Certificate of Status Desired
34105	Collier	65-0602204	☐ \$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		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, WENDY 3254 SEDGE PLACE NAPLES FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIPP, STAN 3270 SEDGE PLACE NAPLES FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUTT, RACHEL 3218 SEDGE PLACE NAPLES FL 34105 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lois Hogan - Treasurer 3107 Indigo Bush Way Naples, FL 34105 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: W. Schutt		SIGNATURE REQUIRED 3/14/03 239-430-1066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR25037 (10/02)