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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003599 (4)**

1. Corporation Name

GREY OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1290 GULF BLVD. UNIT 1508 CLEARWATER FL 34630	Mailing Address 1290 GULF BLVD. UNIT 1508 CLEARWATER FL 34630
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3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

59-3462191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 33920 US 19 NORTH

Suite, Apt. #, etc.

22 390

City & State

23 PALM HARBOR, FL

Zip Country

24 34684 25 USA

2a. Mailing Address

26 33920 US 19 NORTH

Suite, Apt. #, etc.

27 390

City & State

28 PALM HARBOR, FL

Zip Country

29 34684 30 USA

9. Name and Address of Current Registered Agent

**SHAFER, ROY E JR.
1290 GULF BLVD.
UNIT 1508
CLEARWATER FL 34630**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **SHAFER, ROY E JR.**
STREET ADDRESS **1290 GULF BLVD., UNIT 1508**
CITY-ST-ZIP **CLEARWATER FL 34630**

TITLE **VPD** ☐ DELETE

NAME **RUTENBERG, MARC**
STREET ADDRESS **1290 GULF BLVD., UNIT 1508**
CITY-ST-ZIP **CLEARWATER FL 34630**

TITLE **SD** ☒ DELETE

NAME **SWEETNAM, WILLIAM**
STREET ADDRESS **1290 GULF BLVD., UNIT 1508**
CITY-ST-ZIP **CLEARWATER FL 34630**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☐ Change ☒ Addition

1.2 NAME **JUAN GONZALEZ**
1.3 STREET ADDRESS **33920 US 19 SUITE 390**
1.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

2.1 TITLE **SD** ☐ Change ☒ Addition

2.2 NAME **BILL DOLENCE**
2.3 STREET ADDRESS **33920 US 19 SUITE 390**
2.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

3.1 TITLE **PD** ☒ Change ☐ Addition

3.2 NAME **MARC RUTENBERG**
3.3 STREET ADDRESS **33920 US 19 SUITE 390**
3.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (10/97)