

FILE NOW: FILING FEE IS \$61.25

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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	

2. Principal Place of Business	2a. Mailing Address
21 33920 US 19 NORTH	26 33920 US 19 NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 390	27 390
City & State	City & State
23 PALM HARBOR, FL	28 PALM HARBOR, FL
Zip	Zip
24 34684	29 34684
Country	Country
25 USA	30 USA

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHAFER, ROY E JR.	
STREET ADDRESS	1290 GULF BLVD., UNIT 1508	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RUTENBERG, MARC	
STREET ADDRESS	1290 GULF BLVD., UNIT 1508	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SWEETNAM, WILLIAM	
STREET ADDRESS	1290 GULF BLVD., UNIT 1508	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

CR2E037 (10/97)