

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90084 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003599

1. Corporation Name
GREY OAKS HOMEOWNERS ASSOCIATION, INC.

558378-90025-45

Principal Place of Business 33920 US 19 NORTH 390 PALM HARBOR FL 34684 US	Mailing Address 33920 US 91 NORTH 390 PALM HARBOR FL 33684 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 06/23/1997	4. FEI Number 59-3462191 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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8. Name and Address of Current Registered Agent LARSON, ROGER A 911 CHESTNUT STREET CLEARWATER FL 33756	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	<input type="checkbox"/> DELETE	1.1 TITLE: <i>JD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GENEBIEN, JEAN		1.2 NAME: <i>GENEBIEN, JEAN</i>	
STREET ADDRESS: 33920 US 19 SUITE 390		1.3 STREET ADDRESS: <i>2891 GREY OAKS BLVD</i>	
CITY-ST-ZIP: PALM HARBOR FL 34684		1.4 CITY-ST-ZIP: <i>TARPON SPRINGS, FL 34689</i>	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DOLDENCE, BILL		2.2 NAME: <i>RAGO, MICHAEL</i>	
STREET ADDRESS: 33920 US 10, SUITE 390		2.3 STREET ADDRESS: <i>2891 GREY OAKS BLVD</i>	
CITY-ST-ZIP: PALM HARBOR FL 34684		2.4 CITY-ST-ZIP: <i>TARPON SPRINGS, FL 34689</i>	
TITLE: PD	<input type="checkbox"/> DELETE	3.1 TITLE: <i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RUTENBERG, MARC		3.2 NAME: <i>RUTENBERG, MARC</i>	
STREET ADDRESS: 33920 SU 19 SUITE 390		3.3 STREET ADDRESS: <i>2891 GREY OAKS BLVD</i>	
CITY-ST-ZIP: PALM HARBOR FL 33468		3.4 CITY-ST-ZIP: <i>TARPON SPRINGS, FL 34689</i>	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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 119.073(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, with a other like empowered.

SIGNATURE: *JEAN GENEBIEN* DATE: 4/6/99 (707) 945-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)