

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003599

1. Corporation Name

GREY OAKS HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business

 21 **2891 GREY OAKS BLVD**

Suite, Apt. #, etc.

22

2a. Mailing Address

 26 **2891 GREY OAKS BLVD**

Suite, Apt. #, etc.

27

City & State

 23 **TARPON SPRINGS, FL**

Zip Country

 24 **34689** 25 **US**

City & State

 28 **TARPON SPRINGS, FL**

Zip Country

 29 **34689** 30 **US**

9. Name and Address of Current Registered Agent

**LARSON, ROGER A
911 CHESTNUT STREET
CLEARWATER FL 33756**

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

☐ **\$5.00 May Be
Added to Fees**

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 **TD** ☐ DELETE

 NAME **GENDEBIEN, JEAN**
STREET ADDRESS **33920 US 19 SUITE 390**
CITY-ST-ZIP **PALM HARBOR FL 34684**

 TITLE **SD** ☐ DELETE

 NAME **DOLDENCE, BILL**
STREET ADDRESS **33920 US 10, SUITE 390**
CITY-ST-ZIP **PALM HARBOR FL 34684**

 TITLE **PD** ☐ DELETE

 NAME **RUTENBERG, MARC**
STREET ADDRESS **33920 SU 19 SUITE 390**
CITY-ST-ZIP **PALM HARBOR FL 33468**

 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

 2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

Daytime Phone #

**FILED
May 24, 2000 8:00 am
Secretary of State**

05-24-2000 90157 031 ****61.25