

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90072 049 ****61.25

DOCUMENT # N97000003599

1. Entity Name

GREY OAKS HOMEOWNERS ASSOCIATION, INC.

00043351



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2891 GREY OAKS BLVD TARPON SPRINGS FL 34689 US	Mailing Address 2891 GREY OAKS BLVD TARPON SPRINGS FL 34689 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3462191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME D GENDEBIEN, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS 2891 GREY OAKS BLVD	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE NAME D REGO, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2891 GREY OAKS BLVD	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE NAME D RUTENBERG, MARC	<input type="checkbox"/> Delete
STREET ADDRESS 6891 GREY OAKS BLVD	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME DP BILL DOLENCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2891 GREY OAKS BLVD	
CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE NAME DTS JEAN GENDEBIEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2891 GREY OAKS BLVD	
CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: *JEAN GENDEBIEN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)