

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003599

FILED
Apr 18, 2006
Secretary of State

Entity Name: GREY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2891 GREY OAKS BLVD
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

28100 US HWY 19 N
305
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-3462191 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MGMT
28100 US HWY 190 N
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOOLEY, BILL
Address: 2847 GREY DAKO BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: T () Delete
Name: VERES, WILLIAM
Address: 1603 EAGLES RANCH
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S () Delete
Name: DEL FUOCO, CARLA
Address: 1579 EAGLES ROACH
City-St-Zip: TARPON SPRINGS, FL 34688

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: BROWN, EDDIE
Address: 1571 EAGLES REACH
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DP (X) Change () Addition
Name: VERES, WILLIAM
Address: 1603 EAGLES REACH
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S (X) Change () Addition
Name: SCHUMAN, PATTI
Address: 2883 GREY OAKS BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DT () Change (X) Addition
Name: MCKONE, THOMAS
Address: 2880 DEER RUN
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Change (X) Addition
Name: BERGSTRASSER, EARNIE
Address: 2814 GREY OAKS BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL VERES

DP

04/18/2006

Electronic Signature of Signing Officer or Director

Date