2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000030814

Entity Name: GREY OAKS COMMUNITY SERVICES, INC.

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2600 GOLDEN GATE PKWY NAPLES, FL 34105 **Current Mailing Address: New Mailing Address:** P.O. BOX 413038 NAPLES, FL 34101 US FEI Number: 65-0404980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARINELLI, PAUL J 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SANSBURY, THOMAS W Name: Name: 2600 GOLDEN GATE PKWY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: CD Title: Title: () Delete () Change () Addition Name: SPROUL, JULIET C Name: 2600 GOLDEN GATE PKWY Address: Address: NAPLES, FL 34105 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MARINELLI, PAUL J Name: Name: 2600 GOLDEN GATE PKWY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: () Change () Addition SPROUL, KATHERINE G Name: Name: Address: 2600 GOLDEN GATE PKWY Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: AS () Delete Title: () Change () Addition GOGUEN, BRIAN L Name: Name: 2600 GOLDEN GATE PKWY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: (X) Change () Addition LYNTON, HAROLD S Name: Name: SPROUL, JULIET A 2600 GOLDEN GATE PKWY 2600 GOLDEN GATE PKWY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. SANSBURY P 04/30/2002