


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V51002 (6)**

1. Corporation Name  
**GREY OAKS REALTY, INC.**



Principal Place of Business <b>2640 GOLDEN GATE PARKWAY                  SUITE 115                  NAPLES FL 33942</b>	Mailing Address <b>P.O. BOX 413038  <del>SUITE 115</del>                  NAPLES FL 33941                  US</b>
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3. Date Incorporated or Qualified <b>07/15/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0347224</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

~~CORNELL, ANN T~~  
~~2640 GOLDEN GATE PARKWAY~~  
~~SUITE 115~~  
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent

81. Name  
**James E Pierce**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**2600 Golden Gate Parkway**  
 83.  
 84. City  
**Naples**  
**FL**  
 85. Zip Code  
**33942**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/23/96**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SPROUL, JULIE C	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAWLEY, ROY E JR	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BULLOCK, ROBERT Q	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARINELLI, PAUL J	
STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ANSLEY, CLARK	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	CORNELL, ANN T	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James E. Pierce
5.3 STREET ADDRESS	2600 Golden Gate Parkway
5.4 CITY-ST-ZIP	Naples FL 33942
6.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	David Crowley
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 JP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/9/96** DAYTIME PHONE: **941/262-2600**

CR2E034 (12/95)

