


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 20 1998 8:00am
Secretary of State**

✓ NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48016 (2)
 1. Corporation Name
GREY OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 2640 GOLDEN GATE PKWY STE 115 NAPLES FL 33942	Mailing Address P.O. BOX 413038 NAPLES FL 33941 US
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3. Date Incorporated or Qualified
03/23/1992

4. FEI Number
65-0331728

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip 34105 Country	28. Zip 34101 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

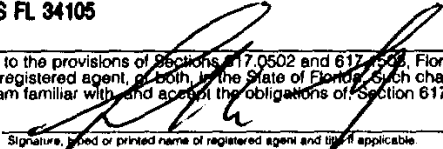
9. Name and Address of Current Registered Agent

**CAWLEY JR, ROY E
2600 GOLDEN GATE PARKWAY
SUITE 200
NAPLES FL 34105**

10. Name and Address of New Registered Agent

81 Name	Thomas W. Sansbury
82 Street Address (P.O. Box Number is Not Acceptable)	2600 Golden Gate Parkway
83	Suite 200
84 City	Naples
85 FL	FL
Zip Code	34105

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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:  **Thomas W. Sansbury, President** DATE: **04/06/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

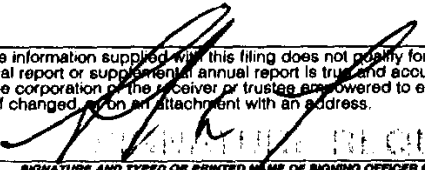
12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BULLOCK, ROBERT O	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CROWLEY, DAVID	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAWLEY, ROY E JR	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas W. Sansbury	
1.3 STREET ADDRESS	2600 Golden Gate Parkway, Ste. 200	
1.4 CITY-ST-ZIP	Naples, FL 34105	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2600 Golden Gate Parkway, Ste. 200	
2.3 STREET ADDRESS	Naples, FL 34105	
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mae Randolph	
3.3 STREET ADDRESS	2600 Golden Gate Parkway, Ste 200	
3.4 CITY-ST-ZIP	Naples, FL 34105	
4.1 TITLE		<input 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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, upon an attachment with an address.

SIGNATURE:  **Thomas W. Sansbury** DATE: **04/06/98** 941 262-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)

1998 OFFICERS AND DIRECTORS

**OFFICER/
DIRECTOR**

**GREY OAKS PROPERTY
OWNERS ASSOCIATION, INC.
(FEI # 65-0331728)**

**P/D
RA
Thomas W. Sansbury
2600 Golden Gate Parkway
Naples, FL 34105**

**V/D
Mae Randolph
2600 Golden Gate Parkway
Naples, FL 34105**

**S/T
David Crowley
2600 Golden Gate Parkway
Naples, FL 34105**