

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N48016**

1. Entity Name

**GREY OAKS PROPERTY OWNERS ASSOCIATION, INC.**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90198 030 \*\*\*\*61.25

Principal Place of Business <b>2600 GOLDEN GATE PKWY NAPLES FL 34105 US</b>	Mailing Address <b>P.O. BOX 413038 NAPLES FL 34101-3038 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>65-0331728</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**SANSBURY, THOMAS W.  
2600 GOLDEN GATE PARKWAY  
SUITE-200  
NAPLES FL 34105**

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

**FILE NOW:  
FEE IS \$61.25**

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

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANSBURY, THOMAS W. 2600 GOLDEN GATE PARKWAY, SUITE-200 NAPLES FL 34105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CROWLEY, DAVID 2600 GOLDEN GATE PARKWAY, SUITE-200 NAPLES FL 34105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DICKINSON, CAROLINE S 2600 GOLDEN GATE PKWY NAPLES FL 34105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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:** *Thomas W. Sansbury* **SIGNATURE REQUIRED** **Thomas W. Sansbury, President**  
 Date: **4/26/00** Daytime Phone #: **(941)262-2600**

CR2E037 (9/99)

1048614

HTTRECIVACV11  
728935

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OFFICER/  
DIRECTOR

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

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

V/D Caroline S. Dickinson  
2600 Golden Gate Parkway  
Naples, FL 34105

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