

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N48016****1. Entity Name**
GREY OAKS PROPERTY OWNERS ASSOCIATION, INC.**Principal Place of Business**
2600 GOLDEN GATE PKWY
NAPLES FL 34105 US**Mailing Address**
P.O. BOX 413038
NAPLES FL 34101 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0331728Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SANSBURY THOMAS W.
2600 GOLDEN GATE PARKWAY
NAPLES FL 34105 USName
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** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|-----------------------|---------------------------------|--|---|--|--|--|
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DICKINSON CAROLINE S | | | NAME | | | |
| STREET ADDRESS | 2600 GOLDEN GATE PKWY | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NAPLES FL 34105 | | | CITY-ST-ZIP | | | |
| TITLE | ST | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CROWLEY DAVID | | | NAME | GOGUEN BRIAN L | | |
| STREET ADDRESS | 2600 GOLDEN GATE PKWY | | | STREET ADDRESS | 2600 GOLDEN GATE PKWY | | |
| CITY-ST-ZIP | NAPLES FL 34105 | | | CITY-ST-ZIP | NAPLES FL 34105 | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SANSBURY THOMAS W. | | | NAME | | | |
| STREET ADDRESS | 2600 GOLDEN GATE PKWY | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NAPLES FL 34105 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
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| NAME | | | | NAME | | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: THOMAS W. SANSBURY** **P** **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)