

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000030814

Entity Name: GREY OAKS COMMUNITY SERVICES, INC.**Current Principal Place of Business:**2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105**Current Mailing Address:**2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105 US**FEI Number:** 65-0404980**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOAZ, BRADLEY A
2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105 US*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**Officer/Director Detail :**

Title	C/D
Name	SPROUL, JULIET C
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

Title	V/S/T/RA
Name	BOAZ, BRADLEY A
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

Title	V/AS/AT
Name	GOGUEN, BRIAN L
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

Title	P/D
Name	SPROUL, KATHERINE G
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

Title	D
Name	SULLIVAN, JENNIFER S
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

Title	DIRECTOR
Name	SPROUL, JULIET A
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

Title	DIRECTOR
Name	COLLIER, BARRON III G
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

I hereby 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 all other like empowered.

SIGNATURE: BRADLEY A. BOAZ

V/S/T

04/20/2017

Electronic Signature of Signing Officer/Director Detail_____
Date