2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2007
Secretary of State

DOCUMENT# N00000001202

Entity Name: MAJESTIC ISLE AT GREY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3632910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVENUE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HUBER, DAVID
Address: 1923 COCOPLUM WAY
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete
Name: WHITE, DAVID
Address: 1936 COCOPLUM WAY
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: MILLER, DONALD
Address: 1924 COCOPLUM LANE
City-St-Zip: NAPLES, FL 34105

Title: TD (X) Delete
Name: MARTIN, CLEMENS
Address: 1937 COCOPLUM CT
City-St-Zip: NAPLES, FL 34105

Title: D (X) Delete
Name: KERR, ROBERT
Address: 2415 INDIAN PIPE WAY
City-St-Zip: NAPLES, FL 34105

Title: DS (X) Delete
Name: NAQUIN, THOMAS
Address: 1941 COCOPLUM CT
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: WHITE, DAVID
Address: 1936 COCOPLUM WAY
City-St-Zip: NAPLES, FL 34105

Title: DVP (X) Change ( ) Addition
Name: KERR, ROBERT
Address: 1911 COCOPLUM WAY
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HUBER DP 04/07/2007

Electronic Signature of Signing Officer or Director — Date