

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001203

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

2600 GOLDEN GATE PKWY.
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

2600 GOLDEN GATE PKWY.
NAPLES, FL 34105

New Mailing Address:

P.O. BOX 413038
NAPLES, FL 34101

FEI Number: 59-3632912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, R. SCOTT
2600 GOLDEN GATE PKWY.
NAPLES, FL 34105

Name and Address of New Registered Agent:

SANSBURY, THOMAS W
2600 GOLDEN GATE PKWY.
NAPLES, FL 34105

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: THOMAS W. SANSBURY

04/30/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANSBURY, THOMAS
Address: 2600 GOLDEN GATE PKWY.
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: GOGUEN, BRIAN
Address: 2600 GOLDEN GATE PKWY.
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: NELSON, BRIAN
Address: 2600 GOLDEN GATE PKWY.
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANSBURY, THOMAS W
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

Title: ST (X) Change () Addition
Name: GOGUEN, BRIAN L
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change () Addition
Name: NELSON, BRIAN
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS W. SANSBURY

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04/30/2002

Electronic Signature of Signing Officer or Director

Date