2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N00000001211

Entity Name: PALM ISLAND 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: 59-3632849 **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: DAYTON, DAVID
Address: 2367 ALEXANDER PALM
City-St-Zip: NAPLES, FL 34105

Title: DV ( ) Delete
Name: LONG, DAVID
Address: 2390 KING PALM WAY
City-St-Zip: NAPLES, FL 34105

Title: DS ( ) Delete
Name: CRACCO, CELINE
Address: 2340 ALEXANDER PALM
City-St-Zip: NAPLES, FL 34105

Title: DT ( ) Delete
Name: MENEFEE, SHIRLEY
Address: 2378 KING PALM WAY
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: MORLEY, MICHAEL
Address: 2358 ALEXANDER PALM DR.
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 DAYTON P 04/30/2009

Electronic Signature of Signing Officer or Director — Date