

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000006714**

1. Entity Name

CAPISTRANO AT GREY OAKS HOMEOWNERS ASSOCIATION,

Principal Place of Business

**3200 BAILEY LN. STE 117
NAPLES FL 34105**

Mailing Address

**3200 BAILEY LN. STE 117
NAPLES FL 34105**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRICE, R. SCOTT ESQ
2640 GOLDEN GATE PKWY, STE 115
NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SHEPHERD, NICK**
STREET ADDRESS **3200 BAILEY LN, STE 117**
CITY-ST-ZIP **NAPLES FL 34105**TITLE **DVST** ☐ Delete
NAME **HOKANSON, STEVE**
STREET ADDRESS **3200 BAILEY LN, STE 117**
CITY-ST-ZIP **NAPLES FL 34105**TITLE **D** ☐ Delete
NAME **HOKANSON, SCOTT**
STREET ADDRESS **3200 BAILEY LN, STE 117**
CITY-ST-ZIP **NAPLES FL 34105**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(i), 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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90219 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

4/27/01 941-643-6767