

FILED
Jul 01, 2002 8:00 am
Secretary of State

04-15-2002 90054 009 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006714

1. Entity Name

CAPISTRANO AT GREY OAKS HOMEOWNERS ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

3200 BAILEY LN. STE 117
 NAPLES FL 34105

3200 BAILEY LN. STE 117
 NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Numt

02-0622534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

John Passidomo

Street Address (P.O. Box Number is Not Acceptable)

821 5th Ave., S. #201

City

Naples

FL

Zip Code

34102

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

Signature of 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-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Additio
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Additio
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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TITLE	☐ Change ☐ Additio
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 with all other like empowered.

SIGNATURE

4/1/02