## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006714

FILED Apr 28, 2006 Secretary of State

Entity Name: CAPISTRANO AT GREY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3200 BAILEY LN, STE 117 4306 ARNOLD AVENUE NAPLES, FL 34105 NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

P.O. BOX 110339 P.O. BOX 110339 NAPLES, FL 34104 NAPLES, FL 34108

FEI Number: 02-0622534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PASSIDOMO, JOHN

821 5TH AVE S

# 201

NAPLES, FL 34102 US

KUETER, BEVERLY

4306 ARNOLD AVENUE

NAPLES, FL 34104 US

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: BEVERLY KUETER 04/28/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 SHEPHERD, NICK
 Name:
 TARANTINO, RONALD

 Address:
 3200 BAILEY LN, STE 117
 Address:
 2805 CAPISTRANO WAY

Address: 3200 BAILEY LN, STE 117 Address: 2805 CAPISTRANO WAY
City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

Title: DVST ( ) Delete Title: DVP (X) Change ( ) Addition Name: HOKANSON, STEVE Name: JUDY, LEONARD

 Address:
 3200 BAILEY LN, STE 117
 Address:
 2809 CAPISTRANO WAY

 City-St-Zip:
 NAPLES, FL 34105
 City-St-Zip:
 NAPLES, FL 34105

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf DT} \qquad {\sf (X) Change () Addition}$ 

 Name:
 HOKANSON, SCOTT
 Name:
 WAYLAND, JAMES

 Address:
 3200 BAILEY LN, STE 117
 Address:
 2841 CAPISTRANO

 City-St-Zip:
 NAPLES, FL 34105
 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 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: RONALD TARANTINO DP 04/28/2006