

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90117 018 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                     |                                                                         |                                                                                   |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # N05000004678</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                     |                                                                         |  |                                   |
| 1. Entity Name<br>GREY OAKS PHASE 2 HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                     |                                                                         |                                                                                   |                                   |
| Principal Place of Business<br>2895 GREY OAKS BOULEVARD<br>TARPON SPRINGS, FL 34689                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                     | Mailing Address<br>2895 GREY OAKS BOULEVARD<br>TARPON SPRINGS, FL 34689 |                                                                                   |                                   |
| 2. Principal Place of Business - No P.O. Box #<br>8750 HAWBUCK STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | 3. Mailing Address<br>8750 HAWBUCK STREET                                           |                                                                         |                                                                                   |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Suite, Apt. #, etc.                                                                 |                                                                         |                                                                                   |                                   |
| City & State<br>TRINITY FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | City & State<br>TRINITY FL                                                          |                                                                         | 4. FEI Number<br>APPLIED FOR                                                      |                                   |
| Zip<br>34655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Country<br>USA                                                                      |                                                                         | Applied For<br>Not Applicable                                                     |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | \$8.75 Additional Fee Required                                                      |                                                                         |                                                                                   |                                   |
| 6. Name and Address of Current Registered Agent<br>LARSON, ROGER A<br>911 CHESTNUT STREET<br>CLEARWATER, FL 33756                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                     | 7. Name and Address of New Registered Agent                             |                                                                                   |                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                     | Name                                                                    |                                                                                   |                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                     | Street Address (P.O. Box Number is Not Acceptable)                      |                                                                                   |                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                     | City                                                                    |                                                                                   |                                   |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                     | FL                                                                      |                                                                                   |                                   |
| Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                     | 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                     |                                                                         |                                                                                   |                                   |
| SIGNATURE _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                     |                                                                         |                                                                                   |                                   |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                     |                                                                         |                                                                                   |                                   |
| Filing Fee is \$61.25<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                         | \$5.00 May Be Added to Fees                                                       |                                   |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                     |                                                                         |                                                                                   |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                   |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                       | <input type="checkbox"/> Delete                                                     | TITLE                                                                   | <input checked="" type="checkbox"/> Change                                        | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RUTENBERG, MARC          |                                                                                     | NAME                                                                    | 8750 Hawbuck St                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2895 GREY OAKS BOULEVARD |                                                                                     | STREET ADDRESS                                                          | Trinity FL 34655                                                                  |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TARPON SPRINGS, FL 34689 |                                                                                     | CITY-ST-ZIP                                                             |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STD                      | <input type="checkbox"/> Delete                                                     | TITLE                                                                   | <input checked="" type="checkbox"/> Change                                        | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GENDEBIEN, JEAN          |                                                                                     | NAME                                                                    | 8750 Hawbuck St.                                                                  |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2895 GREY OAKS BOULEVARD |                                                                                     | STREET ADDRESS                                                          | Trinity FL 34655                                                                  |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TARPON SPRINGS, FL 34689 |                                                                                     | CITY-ST-ZIP                                                             |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VD                       | <input type="checkbox"/> Delete                                                     | TITLE                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NUEBLING, GEORGE         |                                                                                     | NAME                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3109 ASHMONT DRIVE       |                                                                                     | STREET ADDRESS                                                          |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LAND O LAKES, FL 34639   |                                                                                     | CITY-ST-ZIP                                                             |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | <input type="checkbox"/> Delete                                                     | TITLE                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                     | NAME                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                     | STREET ADDRESS                                                          |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                     | CITY-ST-ZIP                                                             |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | <input type="checkbox"/> Delete                                                     | TITLE                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                     | NAME                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                     | STREET ADDRESS                                                          |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                     | CITY-ST-ZIP                                                             |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | <input type="checkbox"/> Delete                                                     | TITLE                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                     | NAME                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                     | STREET ADDRESS                                                          |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                     | CITY-ST-ZIP                                                             |                                                                                   |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | 4/27/07                                                                             |                                                                         | (727) 945-0077                                                                    |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | Date                                                                                |                                                                         | Daytime Phone #                                                                   |                                   |