FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08890

1. Corporation Name

GREYSTONE PARK MOBILE HOMEOWNERS, INC.

Principal Place of Business
13300 E. TAMIAMI TRAIL
LOT 65
NAPLES FL 34114
US

Mailing Address

13300 E. TAMIAMI TRAIL LOT 65

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90042 024 ****61.25



NAPLES FL 34 US	114	NAPLES FL 34114 US) (1801/18) BIT BETER 1818 (1818 1817) BETER 18		
2. Principal P	lace of Business	2a. Mailing Address	·			3. Date Incorporated or Qualifed	·	
21		26				04/23/1985		
Suite, Apt.	# etc.	Suite, Apt. #, etc.				4. FEI Number	Ap	plied For
22	n, 4	27				NOT APPLICABLE	No	t Applicable
City & State	9	City & State					\$8.75	\dditional
23	-	28				5. Certifcate of Status Desired	Fee Re	quired
Zip	Country	Zip	Cour	ntry		6. Election Campaign Financing	\$5.00	Mav Be
24	25	<u> </u>	30	-		Trust Fund Contribution	Added t	•
241	9. Name and Address of Current		, ,			10. Name and Address of New Registered	d Agent	
<u> </u>				81	Name			
COLUMN O	ucc					(5.6.5.)		_
ERWIN, C		•		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	TAMIAMI TRL		}	83				
LOT 65								
NAPLES F	E 39961 34//4			84	City	F	85 Zip (Code
		1015 4500 FL 11 01 14				proporation submits this statement for the purpose of the purpose		registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was al	umonzea	DV I	tne comora	ation's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered	Aneni	Uper endennis t	uired when reinstating) DATE		
12.	OFFICERS AND		13.		. orginalisto roq	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1,1 7(7)	LE	- 1		☐ Change	Addition
	<u>'</u>		1.2 NA					
NAME	PERRY, GEORGE				ADDRESS			
STREET ADDRESS	13300 E TAMIAMI TR, LOT 30							
CITY-ST-ZIP	NAPLES FL 34114	DELETE	1.4 CIT			<u> </u>	Change	Addition
TITLE	VP	☐ pereie	2.1 TIT		J	ERWIN, CLIFF 13300 E. TAMIAMI TR. #	A) Chango	<u></u>
NAME	ERWIN, CLIFF		2.2 NA			12200 E TOM AM TR. #	65	ï
STREET ADDRESS	13300 E TAMIAMI TR. #65				ADDRESS	13380 6.74		
CITY-ST-ZIP	NAPLES FL 33961		2. 4 CF		T-ZIP 4	NAPLES F1. 34114		- Addition
TITLE	T .	☐ DELETE	3.1 TIT	LE			☐ Change	☐ Addition
NAME	CHARTRAND, PATRICIA		3.2 NA	ME				
STREET ADDRESS	13300 E TAMIAMI TRAIL, LOT 6	3	3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	NAPLES FL		3.4. CF	TY-S	T-ZIP			
TITLE	\$	☐ DELETE	4.1 TIT	LE		_	☐ Change	Addition
NAME	ERWIN. SHIRLEY		4. 2 N/4	ME				
STREET ADDRESS	.13300 E TAMIAMI TRAIL LOT 65		4.3 STI	REET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34/4	•	4.4 CIT	Y-S1	T-ZIP			
TITLE	D	☐ DELETE	5.1 TTT			VP	Change	Addition
NAME	TUMBLESON, STARLING		5.2 NA			TUMBLESON, STARLING 13300 E. TANIAMI OTR. #	روا	
STREET ADDRESS	13300 E. TAMIAMI TR. #33		5.3 STI	REET	ADDRESS /	13300 E. TAMIAMO TR. #	3/	
	NAPLES FL 34/14		5.4 CIT		r-zip	NAPLES F1 34114		
CITY-ST-ZIP		DELETE	6.1 TIT		- 	NAPLES, F1 34114 BECK WILLAM 13300 E. TAMIAMI TR. +	☐ Change	Addition
ĺ	D CTAN	- Derroit	6.2 NA		H ₂	BECK, WILLAM.		
NAME	WOOTEN, STAN				TADDRESS	13300 E. TAMIAMI TR. #	454	
STREET ADDRESS						NAPLES, D1. 34/14		,
l	MADIECEL 24/14		64 CIT	ry91	T. 7IP	1-717-600, pm/, dr//4		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CATTERING CHARTRAND - GRATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR - TROAS U.R. C.R.

941 793-3523

Daytime Phone

R2E037 (11/98).