


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90188 016 \*\*\*\*61.25

<b>DOCUMENT # N50046</b>					
<b>1. Entity Name</b> GREY OAKS ESTATE HOMES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2685 HORSESHOE DR. S SUITE #215 NAPLES, FL 34104 US			<b>Mailing Address</b> 2685 HORSESHOE DR. S SUITE #215 NAPLES, FL 34104 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0347226	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FRICKS, WILLIAM 2641 BULRUSH LANE NAPLES, FL 34105			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> CHAMPION, JAMES	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Treas, Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2740 BUCKTHORN WAY	2740 Buckthorn Way				
<b>CITY-ST-ZIP</b> NAPLES, FL 34105	Naples, FL 34105				
<b>TITLE</b> DT	<b>NAME</b> FRINKS, WILLIAM	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> Fricks, William	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2641 BUIRUSH LANE	2641 BUIRUSH LANE				
<b>CITY-ST-ZIP</b> NAPLES, FL 34105	Naples, FL 34105				
<b>TITLE</b> D	<b>NAME</b> BELL, JIM	<input type="checkbox"/> Delete	<b>TITLE</b> S	<b>NAME</b> Bell, Jill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2825 TARFLOULER WAY	2825 TARFLOULER WAY				
<b>CITY-ST-ZIP</b> NAPLES, FL 34105	Naples, FL 34105				
<b>TITLE</b> S	<b>NAME</b> CUSICK, TOM	<input type="checkbox"/> Delete	<b>TITLE</b> P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2637 BULBUSH LANE	2637 BULBUSH LANE				
<b>CITY-ST-ZIP</b> NAPLES, FL 34105	Naples, FL 34105				
<b>TITLE</b> VP	<b>NAME</b> DETWEILER, JOHN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2418 CHICORY LANE	2418 CHICORY LANE				
<b>CITY-ST-ZIP</b> NAPLES, FL 34105	Naples, FL 34105				
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	2418 CHICORY LANE				
<b>CITY-ST-ZIP</b> 	Naples, FL 34105				
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/28/08 Daytime Phone #: 29484242					