

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50046

FILED
Apr 23, 2009
Secretary of State

Entity Name: GREY OAKS ESTATE HOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2685 HORSESHOE DR. S
SUITE #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

2685 HORSESHOE DR. S
SUITE #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0347226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRICKS, WILLIAM
2641 BULRUSH LANE
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

TEPAS, THOMAS
2720 BUCKHORN WAY
NAPLES, FL 34105 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: THOMAS TEPAS

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TEPAS, THOMAS
Address: 2720 BUCKTHORN WAY
City-St-Zip: NAPLES, FL 34105

Title: DT () Delete
Name: FRICKS, WILLIAM
Address: 2641 BUIRUSH LANE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: BELL, JILL
Address: 2825 TARFLOULER WAY
City-St-Zip: NAPLES, FL 34105

Title: P () Delete
Name: CUSICK, TOM
Address: 2637 BULBUSH LANE
City-St-Zip: NAPLES, FL 34105

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TEPAS, THOMAS
Address: 2720 BUCKTHORN WAY
City-St-Zip: NAPLES, FL 34105

Title: VP (X) Change () Addition
Name: MILLS, DAVID
Address: 2809 TARFLOWER WAY
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: REYNOLDS, WILLIAM
Address: 2438 INDIAN PIPE WAY
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS TEPAS

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date