
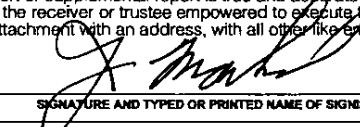


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90022 005 \*\*\*\*61.25

<b>DOCUMENT # N94000000890</b>					
<b>1. Entity Name</b> GREY OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> PROGRESSIVE COMMUNITY MGMT. INC 1801 GLENGARY STREET SARASOTA, FL 34231-3603 US			<b>Mailing Address</b> PROGRESSIVE COMMUNITY MGMT. INC 1801 GLENGARY STREET SARASOTA, FL 34231-3603 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		<b>4. FEI Number</b> 65-0473223	
Zip		Country		<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>  PROGRESSIVE COMMUNITY MANAGEMENT, INC 1801 GLENGARY STREET SARASOTA, FL 34231				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LOCKHART, JIM <input checked="" type="checkbox"/> Delete 8943 GREY OAKS AVE SARASOTA, FL 34238				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> FLETCHER, MICHAEL <input type="checkbox"/> Delete 8961 GREY OAKS AVE SARASOTA, FL 34238				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> GARIS, GEORGE <input type="checkbox"/> Delete 8999 GREY OAKS AVE SARASOTA, FL 34238				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> MARKEL, JIM <input type="checkbox"/> Delete 1801 GLENGARY ST. SARASOTA, FL 34231				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> SUTTON, WILLIAM <input type="checkbox"/> Delete 1801 GLENGARY STREET SARASOTA, FL 34231				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> PHILLIPS, ELAINE <input type="checkbox"/> Delete 8950 GREY OAKS AVE SARASOTA, FL 34238				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GABRIS, JOSEPH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8967 GREY OAKS AVENUE SARASOTA, FL 34238				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<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>  <b>Jim MARKEL</b> <span style="float: right;">4/20/07 941-921-5393</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					