

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90118 025 ****61.25

DOCUMENT # N94000005020

1. Entity Name
L'ERMITAGE AT GREY OAKS CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
2630-2640 GREY OAKS DRIVE NORTH
NAPLES, FL 34105 US

Mailing Address
2685 HORSESHOE DR SOUTH
~~#06~~ # 215
NAPLES, FL 34104 US

20062376



07072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0533873

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, WESLEY 2630 GREY OAKS DR. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPURGEON, CAROLYN 2630 GREY OAKS DRIVE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHIE, JULIE 2630 GREY OAKS DR. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. THOMPSON

Date

7/7/05

Daytime Phone # _____