

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000005020

FILED  
Sep 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2630-2640 GREY OAKS DRIVE NORTH  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

2685 HORSESHOE DR SOUTH  
#215  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 65-0533873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

RESORT MANAGEMENT  
2685 HORSESHOE DR. #215  
NAPLES, FL 34104 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: M. CHRIS ROSENOW, MANAGER

09/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMPSON, WESLEY  
Address: 2630 GREY OAKS DR.  
City-St-Zip: NAPLES, FL 34105

Title: SD ( ) Delete  
Name: SPURGEON, CAROLYN  
Address: 2630 GREY OAKS DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: TD ( ) Delete  
Name: LYONS, DUDLEY  
Address: 2630 GREY OAKS DR.  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: WESLEY THOMPSON

PD

09/30/2009

Electronic Signature of Signing Officer or Director

Date