

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 09, 2006**  
**Secretary of State**

DOCUMENT# N95000003553

**Entity Name:** THE MEWS AT GREY OAKS HOMEOWNERS ASSOCIATION, INC**Current Principal Place of Business:**3222 SEDGE PL  
NAPLES, FL 34105 US**New Principal Place of Business:**4306 ARNOLD AVENUE  
P. O. BOX 110339  
NAPLES, FL 34108 US**Current Mailing Address:**3222 SEDGE PL  
NAPLES, FL 34105 US**New Mailing Address:**P.O. BOX 110339  
NAPLES, FL 34108 US**FEI Number:** 65-0602204**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GORMAN, GREG  
3222 SEDGE PL  
NAPLES, FL 34105 US**Name and Address of New Registered Agent:**DEBOEST II, ATTY. RICHARD D  
1415 HENDRY ST.  
P.O. BOX 1470  
FT. MYERS, FL 33902 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: RICHARD D. DEBOEST, II

08/09/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GORMAN, GREG  
Address: 3222 SEDGE PLACE  
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete  
Name: GOSS, BRYSON  
Address: 3210 SEDGE PLACE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: SHLESINGER, SAM  
Address: 3218 SEDGE PL  
City-St-Zip: NAPLES, FL 34105

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

Title: PD (X) Change ( ) Addition  
Name: LIPP, STAN  
Address: 3270 SEDGE PLACE  
City-St-Zip: NAPLES, FL 34105

Title: STD (X) Change ( ) Addition  
Name: WENDY, WOOD  
Address: 3254 SEDGE PLACE  
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change ( ) Addition  
Name: GORMAN, GREG  
Address: 3222 SEDGE PLACE  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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: STAN LIPP

PD

08/09/2006

Electronic Signature of Signing Officer or Director

Date