2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700006097

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

CLASP INC

SIGNATURE

10.

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAPLES FL 34103

CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH

FILE NOW:

FEE IS \$61.25

PIERCE, JAMES E

NAPLES FL 34109

Landry Kenneth

NAPLES FL 34109

NAPLES FL 34109

SHAFRAN, ARTHUR A

2154 TRADE CENTER WAY #3

2154 TRADE CENTER WAY #3

2154 TRADE CENTER WAY #3

AVILA AT GREY OAKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address 2154 TRADE CENTER WAY 2154 TRADE CENTER WAY SUITE 3 SUITE 3 NAPLES FL 34109 NAPLES FL 34109-2036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State

Zip

Country

Name

City

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITI F

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

9. Election Campaign Financing

Trust Fund Contribution.

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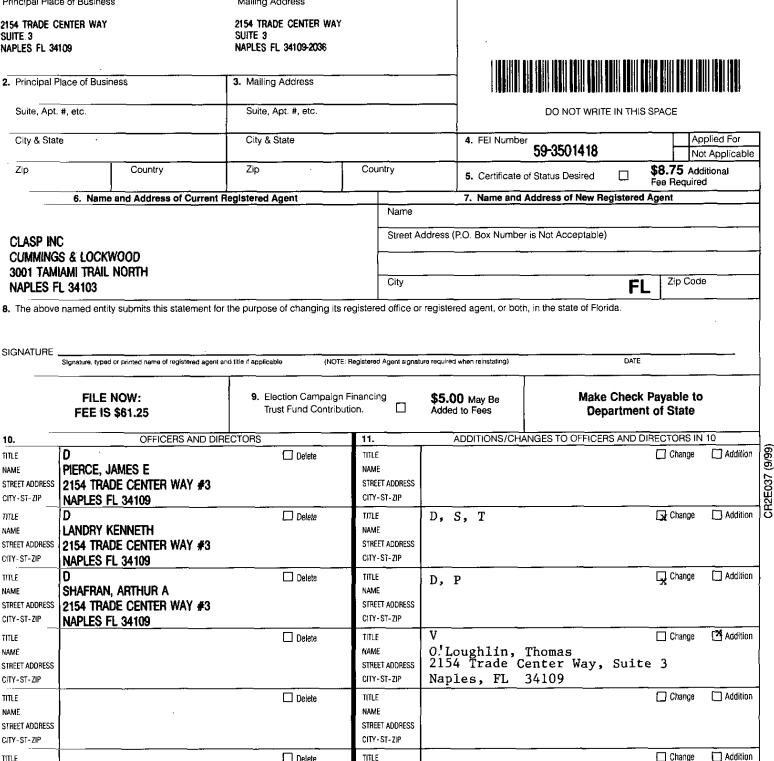
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FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90124 026 ****61.25



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.

CITY-ST-ZIP

SIGNATURE:

REQUIRACTHUR A. Shafran, President

941-597-8400