


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90684 040 \*\*\*\*61.25

**DOCUMENT # N97000006097**

1. Entity Name  
**AVILA AT GREY OAKS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**2685 HORESHORE DR.S #215  
 NAPLES, FL 34104**

Mailing Address  
**C/O RESORT MANAGEMENT  
 215  
 NAPLES, FL 34104**

**94079444**



04262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**59-3501418**

Applied For  
 Not Applicable

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

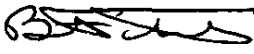
**6. Name and Address of Current Registered Agent**

**FISCHER, MAGGIE**  
**2539 AVILA LANE**  
**NAPLES, FL 34105**

**7. Name and Address of New Registered Agent**

Name **Benjamin Tiley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2523 Avila Lane**  
 City **Naples** FL Zip Code **34105**

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  DATE **4/27/04**

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 May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	TILEY, BENJAMIN	2523 AVIAL LN	NAPLES, FL 34105	<input type="checkbox"/>
STD	MAGGIE, FISCHER	2539 AVILA LN	NAPLES, FL 34105	<input type="checkbox"/>
VD	FALSO, ADOLPH	4645 RINGCRAED PATH	MANLIUS, NY 13104	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **4/27/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #