

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004623

1. Entity Name

SAN TIVA AT GREY OAKS HOMEOWNER'S ASSOCIATION, I

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90011 010 ****61.25

Principal Place of Business 1876 TRADE CENTER WAY #B NAPLES FL 34109 US	Mailing Address 1876 TRADE CENTER WAY #B NAPLES FL 34109-1864 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3527594	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUGGER, CAROL R
600 FIFTH AVENUE SOUTH SUITE 207
NAPLES FL 34102

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, PETER J 1876 TRADE CENTER WAY NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAISER, NANCY 1876 TRADE CENTER WAY NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURGEAU, DAVID 600 FIFTH AVE S #207 NAPLES FL 34102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00
Date

941-597-3200
Daytime Phone #

CR2E037 (9/99)