

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90008 044 ****61.25

DOCUMENT # N98000004623 1. Entity Name SAN TIVA AT GREY OAKS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business C/O MELDON CONSULTANTS 800 HARBOUR DRIVE NAPLES, FL 34103 US			Mailing Address C/O MELDON CONSULTANTS 800 HARBOUR DRIVE NAPLES, FL 34103 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3527594	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELDON, THOMAS E C/O MELDON CONSULTANTS 800 HARBOUR DRIVE NAPLES, FL 34102				7. Name and Address of New Registered Agent Name William S. Moore 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE William S. Moore William S. Moore Accountant 4/2/04 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	DP ☐ Delete MULLICAN, SUSAN 2278 SILVER PALM PLACE NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☐ Delete FRANCIS, ELIZABETH 2290 SILVER PALM PLACE NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP ☐ Delete SCIFRES, ROBERT 2310 SILVER PALM PLACE NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: Susan H. Mullican Susan H. Mullican 4/02/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

34026057



04022004 Chg-NP CR2E037 (10/03)

(239)-435-0085