


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90081 048 ****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
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2. Principal Place of Business c/o Meldon Consultants	3. Mailing Address c/o Meldon Consultants
Suite, Apt. #, etc. 4949 Tamiami Trail North, #201	Suite, Apt. #, etc. 4949 Tamiami Trail North, #201

City & State Naples, FL	City & State Naples, FL
Zip 34103-3017	Zip 34103-3017
Country	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3527594	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, WILLIAM S C/O MELDON CONSULTANTS 800 HARBOUR DRIVE NAPLES FL 34102	
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7. Name and Address of New Registered Agent	
Name William S. Moore	
Street Address (P.O. Box Number is Not Acceptable) c/o Meldon Consultants	
4949 Tamiami Trail North	
City Naples	Zip Code FL 34103-3017

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* *4/28/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLICAN, SUSAN 2278 SILVER PALM PLACE NAPLES FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANCIS, ELIZABETH 2290 SILVER PALM PLACE NAPLES FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP SCIFRES, ROBERT 2310 SILVER PALM PLACE NAPLES FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 A. Mulligan* *4/28/06* *239-435-0085*