

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90023 027 ****61.25

DOCUMENT # N98000004623

1. Entity Name

**SAN TIVA AT GREY OAKS HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**C/O MELDON CONSULTANTS
4949 TAMIAMI TRL N STE 201
NAPLES FL 34103-3017
US**

**C/O MELDON CONSULTANTS
4949 TAMIAMI TRL N STE 201
NAPLES FL 34103-3017
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-3527594

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMIAMI TRL N
NAPLES FL 34103-3017**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 **DP** ☐ Delete
NAME **MULLICAN, SUSAN**
STREET ADDRESS **2278 SILVER PALM PLACE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **DT** ☐ Delete
NAME **SWAIN, CLAIRE**
STREET ADDRESS **2266 SILVER PALM PLACE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **DSVP** ☒ Delete
NAME **SCIFRES, ROBERT**
STREET ADDRESS **2310 SILVER PALM PLACE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **DSVP** ☐ Change ☒ Addition
NAME **Susan Wall**
STREET ADDRESS **2310 Silver Palm Place**
CITY-ST-ZIP **Naples, FL 34105**

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

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

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

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: *Clare L. Swain* **Clare L. Swain**

4/3/2008

649-1229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #