

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004623

FILED
Apr 17, 2009
Secretary of State

Entity Name: SAN TIVA AT GREY OAKS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O MELDON CONSULTANTS
4949 TAMiami TRL N STE 201
NAPLES, FL 341033017 US

New Principal Place of Business:

Current Mailing Address:

C/O MELDON CONSULTANTS
4949 TAMiami TRL N STE 201
NAPLES, FL 341033017 US

New Mailing Address:

FEI Number: 59-3527594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMiami TRL N
NAPLES, FL 341033017 US

Name and Address of New Registered Agent:

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMiami TRL N STE 201
NAPLES, FL 341033017 US

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:

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MULLICAN, SUSAN
Address: 2278 SILVER PALM PLACE
City-St-Zip: NAPLES, FL 34105

Title: DT () Delete
Name: SWAIN, CLAIRE
Address: 2266 SILVER PALM PLACE
City-St-Zip: NAPLES, FL 34105

Title: DSVP () Delete
Name: WALL, SUSAN
Address: 2314 SILVER PALM PLACE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DSVP (X) Change () Addition
Name: SWAIN, CLAIRE
Address: 2266 SILVER PALM PLACE
City-St-Zip: NAPLES, FL 34105

Title: DT (X) Change () Addition
Name: WALL, SUSAN
Address: 2314 SILVER PALM PLACE
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN MULLICAN

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date