

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000405

FILED
Apr 23, 2009
Secretary of State

Entity Name: BANYAN ISLAND AT GREY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104

New Principal Place of Business:

1645 CHINABERRY WAY
NAPLES, FL 34105

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108

New Mailing Address:

1645 CHINABERRY WAY
NAPLES, FL 34105

FEI Number: 59-3632925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVENUE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

LEIPZIG, THOMAS
1645 CHINABERRY WAY
NAPLES, FL 34104 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: THOMAS LEIPZIG

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEIPZIG, THOMAS
Address: 1645 CHINABERRY WAY
City-St-Zip: NAPLES, FL 34105

Title: DT () Delete
Name: WILLIAMS, MYRA
Address: 1626 CHINABERRY WAY
City-St-Zip: NAPLES, FL 34105

Title: DS () Delete
Name: STILLWELL, BOB
Address: 1637 CHINABERRY WAY
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: GALLAGHER, CAROL
Address: 1626 CHINABERRY WAY
City-St-Zip: NAPLES, FL 34105

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change () Addition
Name: STILLWELL, BOB
Address: 1637 CHINABERRY WAY
City-St-Zip: NAPLES, FL 34105

Title: DS (X) Change () Addition
Name: KAUFFMAN, MARY
Address: 1622 CHINABERRY WAY
City-St-Zip: NAPLES, FL 34105

Title: D () Change (X) Addition
Name: BATES, MARK
Address: 1613 CHINABERRY WAY
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: THOMAS LEIPZIG

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date