

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000405

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1645 CHINABERRY WAY  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MELDON CONSULTANTS  
4949 TAMiami TRAIL NORTH, STE. # 201  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 59-3632925      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, WILLIAM S  
4949 TAMiami TRAIL NORTH  
SUITE # 201  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DUPREEZ, HUGO  
Address: 1641 CHINABERRY WAY  
City-St-Zip: NAPLES, FL 34105

Title: DT  
Name: FISHER, ROBERT  
Address: 1614 CHINABERRY WAY  
City-St-Zip: NAPLES, FL 34105

Title: DVP  
Name: FINIZIO, JANICE  
Address: 1648 CHINABERRY WAY  
City-St-Zip: NAPLES, FL 34105

Title: DS  
Name: KAUFFMAN, MARY  
Address: 1622 CHINABERRY WAY  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: BATES, MARK  
Address: 1613 CHINABERRY WAY  
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: HUGO DUPREEZ

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date