


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90110 036 \*\*\*150.00

<b>DOCUMENT # P93000030814</b>					
<b>1. Entity Name</b> GREY OAKS COMMUNITY SERVICES, INC.					
<b>Principal Place of Business</b> 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105 US			<b>Mailing Address</b> 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0404980	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MARINELLI, PAUL J. 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105			Name <b>BRADLEY A BOAZ</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE <i>Bradley A Boaz</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<b>Bradley A Boaz</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <i>5/1/08</i>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> SANSBURY, THOMAS W 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C/D</b> SPROUL, JULIET C 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T/S</b> MARINELLI, PAUL J 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> SPROUL, KATHERINE G 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> SULLIVAN, JENNIFER S 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> SPROUL, JULIET A 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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.</b>					
<b>SIGNATURE:</b> <i>Bradley A Boaz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Bradley A Boaz</b>		DATE <i>5/1/08</i>	
Daytime Phone # <i>239-262-2600</i>					

ATTACHMENT

40091915

**ATTACHMENT TO 2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P93000030814

ENTITY: GREY OAKS COMMUNITY SERVICES, INC.

FEI NUMBER: 65-0404980

**ADDITIONAL OFFICERS AND DIRECTORS**

TITLE:	S/T/RA	
NAME	BRADLEY A BOAZ	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES, FL 34105	

---

TITLE:	AS/AT	
NAME	BRIAN L GOGUEN	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES, FL 34105	