


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90098 012 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # V30984</b> 1. Corporation Name <b>GREY OAKS COUNTRY CLUB, INC.</b>			
Principal Place of Business <b>2640 GOLDEN GATE PARKWAY SUITE 115 NAPLES FL 34105 US</b>		Mailing Address <b>P.O. BOX 413038 NAPLES FL 34101 US</b>	
2. Principal Place of Business <b>21 2600 Golden Gate Pkwy.</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 Naples, FL</b>		City & State <b>28</b>	
Zip <b>24 34105</b>		Country <b>25 USA</b>	
Country <b>29</b>		Zip <b>30</b>	
9. Name and Address of Current Registered Agent <b>MARINELLI, PAUL J. 2600 GOLDEN GATE PARKWAY STE. 200 NAPLES FL 34105</b>			
10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	SPROUL, JULIET C		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	SANSBURY, THOMAS W		
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 200		
CITY-ST-ZIP	NAPLES FL 34105		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	MARINELLI, PAUL J.		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY, STE. 200		
CITY-ST-ZIP	NAPLES FL		
TITLE	AT	<input type="checkbox"/> DELETE	
NAME	CROWLEY, DAVID		
STREET ADDRESS	2640 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SPROUL, KATHERINE G		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HENDRY, LLOYD		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS	2600 Golden Gate Pkwy.		
4.4 CITY-ST-ZIP	Naples, FL 34105		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas W. Sansbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Sansbury, President

3-30-99

Date

941 262-2600

Daytime Phone #

CR2E034 (11/98)

288368-90098-12

V80984

1999 OFFICERS AND DIRECTORS

OFFICER/  
DIRECTOR

GREY OAKS COUNTRY CLUB, INC.  
(FEI #65-0347222)

P	Thomas W. Sansbury 2600 Golden Gate Parkway Naples, FL 34105
S/T RA	Paul J. Marinelli 2600 Golden Gate Parkway Naples, FL 34105
AT	David Crowley 2600 Golden Gate Parkway Naples, FL 34105
C/D	Juliet C. Sproul 2600 Golden Gate Parkway Naples, FL 34105
D	Katherine G. Sproul 2600 Golden Gate Parkway Naples, FL 34105
D	Harold S. Lynton 2600 Golden Gate Parkway Naples, FL 34105
D	Lloyd Hendry 2600 Golden Gate Parkway Naples, FL 34105