

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90013 038 \*\*\*150.00

**50002637**



<b>DOCUMENT # V30984</b> 1. Entity Name <b>GREY OAKS COUNTRY CLUB, 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 #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 		4. FEI Number <b>65-0347222</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				04112008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>MARINELLI, PAUL J. 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105</b>			7. Name and Address of New Registered Agent Name <b>BOAZ, BRADLEY A</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 GOLDEN GATE PARKWAY</b> City <b>NAPLES</b> FL Zip Code <b>34105</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. SIGNATURE <u><i>Bradley A Boaz</i></u> DATE <u><i>4/11/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D SPROUL, JULIET C 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANSBURY, THOMAS W 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARINELLI, PAUL J 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPROUL, KATHERINE G 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, JENNIFER V 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPROUL, JULIET A 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T BRADLEY A BOAZ 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BRIAN L GOGUEN 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
SIGNATURE: <u><i>Bradley A Boaz</i></u> DATE <u><i>4/11/08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					