

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004050

FILED
Apr 29, 2021
Secretary of State
9959788417CC**Entity Name:** ISLA VISTA AT GREY OAKS NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**GREY OAKS MANAGEMENT
2386 GREY OAKS DR. N
NAPLES, FL 34105**Current Mailing Address:**GREY OAKS MANAGEMENT
2386 GREY OAKS DR. N
NAPLES, FL 34105 US**FEI Number:** 59-3653785**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMES, LINDA
GREY OAKS MANAGEMENT
2386 GREY OAKS DR. N
NAPLES, FL 34105 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:** LINDA AMES

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MICHETTI, MICHAEL
Address	GREY OAKS MANAGEMENT 2386 GREY OAKS DR. N
City-State-Zip:	NAPLES FL 34105

Title	TREASURER
Name	BLEMASTER, JANE
Address	GREY OAKS MANAGEMENT 2386 GREY OAKS DR. N
City-State-Zip:	NAPLES FL 34105

Title	VP
Name	EDELMANN, PATRICIA
Address	GREY OAKS MANAGEMENT 2386 GREY OAKS DR. N
City-State-Zip:	NAPLES FL 34105

Title	SECRETARY
Name	UZZI, DONALD
Address	2386 GREY OAKS DR. N
City-State-Zip:	NAPLES FL 34105

Title	VP
Name	JOHNSON, DAVID
Address	GREY OAKS MANAGEMENT 2386 GREY OAKS DR. N
City-State-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: MICHETTI, MICHAEL

PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date