

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V30984

Entity Name: GREY OAKS COUNTRY CLUB, INC.**Current Principal Place of Business:**2400 GREY OAKS DR NORTH
NAPLES, FL 34105**Current Mailing Address:**2400 GREY OAKS DR NORTH
NAPLES, FL 34105 US**FEI Number: 65-0347222****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STOTT, MICHAEL R
2400 GREY OAKS DR NORTH
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	STOTT, MICHAEL R
Address	2400 GREY OAKS DRIVE NORTH
City-State-Zip:	NAPLES FL 34105

Title	TREASURER
Name	BOBROW, RICK
Address	2400 GREY OAKS DRIVE NORTH
City-State-Zip:	NAPLES FL 34105

Title	VC
Name	VARI, CONSTANCE
Address	2400 GREY OAKS DRIVE NORTH
City-State-Zip:	NAPLES FL 34105

Title	CHAIRMAN OF THE BOARD
Name	LYNGAAS, JOHN
Address	2400 GREY OAKS DRIVE NORTH
City-State-Zip:	NAPLES FL 34105

Title	CHIEF ADMINISTRATIVE OFFICER
Name	MCDERMOTT, ED
Address	2400 GREY OAKS DRIVE 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL STOTT**PRESIDENT****05/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date