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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # 743320

1. Corporation Name
VILLAGE GROVE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~3121 STRATFORD LANE~~<br>P O BOX 1302<br>MT DORA FL 32757<br>US | ~~3121 STRAMFORD LANE~~<br>P O BOX 1302<br>MT DORA FL 32757<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip Country<br>24 25 | Zip Country<br>29 30 |

3. Date Incorporated or Qualified: 06/20/1978

4. FEI Number: 59-1833154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JASS, DAVID
2300 AMHERST LANE
MT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name: JUDY NICHOLS
82 Street Address (P.O. Box Number is Not Acceptable): ~~3141~~ 3141 STRATFORD LN
83
84 City: MT DORA FL 85 Zip Code: 32757

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | Pres. | ☑ Change ☐ Addition |
| NAME | DOODY, STEPHEN | | 1.2 NAME | JUDY NICHOLS | |
| STREET ADDRESS | 3401 CALGARY LN | | 1.3 STREET ADDRESS | 3141 STRATFORD LN | |
| CITY-ST-ZIP | MT. DORA FL 32757 | | 1.4 CITY-ST-ZIP | MT DORA FL 32757 | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | VP | ☑ Change ☐ Addition |
| NAME | HENDRIX, JOHN | | 2.2 NAME | ED WATSON | |
| STREET ADDRESS | 3341 STRATFORD LN | | 2.3 STREET ADDRESS | 3100 STRATFORD LANE | |
| CITY-ST-ZIP | MT. DORA FL 32757 | | 2.4 CITY-ST-ZIP | MT DORA, FL 32757 | |
| TITLE | ST | ☐ DELETE | 3.1 TITLE | TREAS. | ☑ Change ☐ Addition |
| NAME | JASS, DAVID | | 3.2 NAME | VIRGINIA PETTIT | |
| STREET ADDRESS | 2300 AMHERST LN | | 3.3 STREET ADDRESS | 3541 CALGARY LANE | |
| CITY-ST-ZIP | MT. DORA FL 32757 | | 3.4 CITY-ST-ZIP | MT DORA, FL 32757 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | SECTY | ☑ Change ☐ Addition |
| NAME | CONSTANTINI, FRANK | | 4.2 NAME | DENISE HILLING | |
| STREET ADDRESS | 3141 STRATFORD LN | | 4.3 STREET ADDRESS | 3121 STRATFORD LN | |
| CITY-ST-ZIP | MT DORA FL 32757 | | 4.4 CITY-ST-ZIP | MT DORA, FL 32757 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | DIR. | ☑ Change ☐ Addition |
| NAME | MILLER, JOHN | | 5.2 NAME | JOHN HENDRIX | |
| STREET ADDRESS | 2241 AMHERST LN | | 5.3 STREET ADDRESS | 3341 STRATFORD LN | |
| CITY-ST-ZIP | MT DORA FL 32757 | | 5.4 CITY-ST-ZIP | MT DORA, FL 32757 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | DIR | ☑ Change ☐ Addition |
| NAME | | | 6.2 NAME | LARRY SEMENTO | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 3321 FOX BORO LN | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | MT DORA, FL 32757 | |

CR2E037 (11/98)

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 617, 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: [signature] DENISE HILLING 3/2/99 (352) 742-9440
SECY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #