

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743320

1. Entity Name

VILLAGE GROVE HOMEOWNERS ASSOCIATION, INC. ✓

Principal Place of Business

444 W. NEW ENGLAND AVE  
SUITE B  
WINTER PARK FL 32789  
US

Mailing Address

444 W. NEW ENGLAND AVE  
SUITE B  
WINTER PARK FL 32789  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1833154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLS, JUDY  
3141 STRATFORD LANE  
MT DORA FL 32757

Name

Jordan, Brett M.

Street Address (P.O. Box Number is Not Acceptable)

444 W. New England Ave.

Suite B

City

Winter Park

FL

Zip Code

32789

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME NICHOLS, JUDY  
STREET ADDRESS 3141 STRATFORD LN  
CITY-ST-ZIP MT. DORA FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HENDRIX, JOHN  
STREET ADDRESS 3341 STRATFORD LN  
CITY-ST-ZIP MT. DORA FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME PETTIT, VIRGINIA  
STREET ADDRESS 3541 CALGARY LN  
CITY-ST-ZIP MT. DORA FL 32757 ☒ Delete

TITLE S/T  
NAME KAREN BERRYMAN  
STREET ADDRESS 3081 Stratford Lane  
CITY-ST-ZIP MT. DORA, FL 32757 ☒ Change ☐ Addition

TITLE VP  
NAME WATSON, ED  
STREET ADDRESS 3100 STRATFORD LN  
CITY-ST-ZIP MT. DORA FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME NICHOLS, JIM  
STREET ADDRESS 3121 STRATFORD LN  
CITY-ST-ZIP MT. DORA FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SEMENTO, LARRY  
STREET ADDRESS 3321 FOX BORO LN  
CITY-ST-ZIP MT. DORA FL 32757 ☒ Delete

TITLE DIRECTOR  
NAME THARRON SEMENTO  
STREET ADDRESS 3321 FOXBORO LANE  
CITY-ST-ZIP MT DORA, FL 32757 ☒ Change ☐ Addition

12. 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 352-383-3605

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90148 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)