## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#743320**

FILED Apr 24, 2008 Secretary of State

Entity Name: VILLAGE GROVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 882 JACKSON AVENUE WINTER PARK, FL 32789 US **Current Mailing Address: New Mailing Address:** 882 JACKSON AVENUE WINTER PARK, FL 32789 US FEI Number: 59-1833154 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, BRETT M 882 JACKSON AVENUE WINTER PARK, FL 32789 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HENDRIX, JOHN HENDRIX, JOHN Name: Name: 3341 SRATFORD LANE Address: 3341 SRATFORD LANE Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: MT. DORA, FL 32757 Title: VD () Delete Title: (X) Change ( ) Addition CLARK, BRUCE Name: SANZANO, ANTHONY Name: Address: 3421 CALGARY LN Address: 3340 FOXBORO COURT City-St-Zip: MT. DORA, FL 32757 City-St-Zip: MT. DORA, FL 32757 Title: () Delete Title: () Change () Addition BERRYMAN, KAREN Name: Name: 3081 STRATFORD LANE Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: PETIT, VIRGINIA Name: Address: 3541 CALGARY LN Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: () Delete Title: () Change () Addition WATSON, ED Name: Name: 3100 STRATFORD LANE Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KIELT, BOBBI CLARK, BRUCE Name: Name: Address: 3021 STRATFORD LANE Address: 3421 COLGARY LN MT. DORA, FL 32757 MT. DORA, FL 32757 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ED WATSON PD 04/24/2008