FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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FILED
SECRETARY OF
DIVISION OF COR

95 MAY - 1 P

DOCUMENT # N00989 (6)

1. Corporation Name

VILLAGE GROVE OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
447 SAND LIME ROAD WINTER GARDEN FL 34787	447 SAND LIME ROAD WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1984
3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-2414146 — Applied For ☐ Not Applicable ☐

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

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLAIR, DAVID 447 SAND LIME RD WINTER GARDEN FL 34787	81 Name: GERALD R. HONE 82 Street Address (P.O. Box Number is Not Acceptable): 447 SAND LINE ROAD 83 84 City: WINTER GARDEN, FL 85 Zip Code: 34787

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gerald R. Hone — GERALD R. HONE — PRESIDENT — 4 APRIL 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HONE, GERALD R	1.2 NAME		
STREET ADDRESS	447 SAND LINE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	DEMARTINO, DAVID	2.2 NAME		
STREET ADDRESS	447 SAND LINE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP		
TITLE	~~TD~~	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~PEAVEY, LINDA~~	3.2 NAME	PARISH, GARY	
STREET ADDRESS	~~447 SAND LINE ROAD~~	3.3 STREET ADDRESS	447 SAND LINE Road	
CITY-ST-ZIP	~~WINTER GARDEN FL~~	3.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	POITRAS, EDWARD	4.2 NAME		
STREET ADDRESS	447 SAND LINE ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL	4.4 CITY-ST-ZIP		
TITLE	~~D~~	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~CONRAD, DAVID~~	5.2 NAME	RICKER, BILL	
STREET ADDRESS	~~447 SAND LINE ROAD~~	5.3 STREET ADDRESS	447 SAND LINE ROAD # 1	
CITY-ST-ZIP	~~WINTER GARDEN FL~~	5.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		6.1 TITLE	PRESIDENT ELECT	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Gerald R. Hone — GERALD R. HONE — 4 APRIL 1996 — 407-656-1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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