FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(6)

DOCUMENT # VILLAGE GROVE OF WINTER GARDEN HOMEOWNERS ASSOCI ATION, INC.

ATION, INC.						
Principal Place of	of Business	Mailing Address				
447 SAND LIM WINTER GARD		447 SAND LIME ROAD WINTER GARDEN FL 347	87			
				3. Date Incorporated or Qualified 01/18/1984	3a. Date of Last Report 05/01/1995	
2. Principal Plac	ce of Business	2a. Mailing Address 26 52 E. Sout	h Street	4. FEI Number 59-2414146	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 Orlando, F	1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country 30 USA	8. This corporation has liability for in		
24	25	11 <u>-</u>	30 007	10. Name and Address of New Ro		
	9. Name and Address of Current	Hadistaten Matti	81 Name			
HANE A	50 N D D			Don Asher & Associa	ates, Inc.	
HONE, GERALD R 447 SAND LIME RD				Address (P.O. Box Number is Not Acceptable 52 E. South Street	e)	
WINTER (GARDEN FL 34787		83			
	N		84 City	Orlando	FL 85 Zip Code 32801	
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above-named co	rporation submits this statement for the pur	pose of changing its registered office	
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.						
	TVIAL IN THE TOTAL	Jula	,	•	4/15/96	
SIGNATURE _	Signature, sped or printed name of registered agent	and title if applicable. [NO	E: Registered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD	DELETE	1,1 TITLE	PD	Change Addition	
NAME	HONE, GERALD R		1.2 NAME	Conrad, David		
STREET ADDRESS	447 SAND LINE ROAD		1.3 STREET ADDRESS	1257 Winter Green		
CITY-ST-ZIP	WINTER GARDEN FL		1.4 CITY-ST-ZIP	Winter Garden, Fl	34787 Addition	
TITLE	VD	▼ DEFELE	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	For	Change	
TITLE	TD	DELETE	3.1 TITLE	TD	To custific To vigorian	
NAME	PARISH, GARY		3.2 NAME	Pearson, Joyce		
STREET ADDRESS	447 SAND LINE ROAD		3.3 STREET ADDRESS	1286 Winter Green Way	707	
CITY-ST-ZIP	WINTER GARDEN FL	Coriette	3.4. CITY - ST - ZIP	Winter Garden, Fl 34'	Z Change ☐ Addition	
TITLE	SD FOWARD	DELETE	4.1 TITLE	SD Frances Key	*	
NAME	POITRAS, EDWARD		4. 2 NAME	Fremgen, Kay 1201 S. Park Avenue		
STREET ADDRESS	447 SAND LINE ROAD		4.3 STREET ADDRESS		707	
CITY-ST-ZIP	WINTER GARDEN FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Winter Garden, Fl 34	Charige Addition	
TITLE	D DICKED BILL		5.2 NAME	D Chamles	x · -	
NAME	RICKER, BILL 447 SAND LINE ROAD		5.3 STREET ADDRESS	Thomas, Charles		
STREET ADDRESS				419 Sand Lime Road	727	
CITY-ST-ZIP	WINTER GARDEN FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Winter Garden, Fl 34	787 ☐ Change 🙀 Addition	
TITLE		Поссел	62 NAME	Poitman Educard	T	
NAME				Poitras, Edward	200	
STREET ADDRESS	•		6.3 STREET ADDRESS	345 Major Blvd., Suite	e 500	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, Fl 32819		

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.

David Conrad SIGNATURE: _1

(401) **87**7-8333 KIS3

CR2E037 (12/95)