

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00989 (6)**

1. Corporation Name  
**VILLAGE GROVE OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>447 SAND LIME ROAD WINTER GARDEN FL 34787</b>	Mailing Address <b>52 E SOUTH STREET ORLANDO FL 32801-3308 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/18/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>59-2414146</b>	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>DON ASHER &amp; ASSOCIATES INC</b> <b>52 E SOUTH STREET</b> <b>ORLANDO FL 32801</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONRAD, DAVID		1.2 NAME		
STREET ADDRESS	1257 WINTER GREEN WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	T/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, JOYCE		3.2 NAME	BABOCSI, VALERIA	
STREET ADDRESS	1288 WINTER GREEN WAY		3.3 STREET ADDRESS	1201 S PARK AVENUE	
CITY-ST-ZIP	WINTER GARDEN FL		3.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREMGEN, KAY		4.2 NAME		
STREET ADDRESS	201 S PARK AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, CHARLES		5.2 NAME		
STREET ADDRESS	419 SAND LIME ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTRAS, EDWARD		6.2 NAME		
STREET ADDRESS	345 MAJOR BLVD SUITE 300		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE **4/12/97** (112) 11.25 15/1

CR2E037 (9/96)