2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00989

FILED Apr 19, 2007 Secretary of State

Entity Name: VILLAGE GROVE OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8009 S. ORANGE AVE ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

8009 S. ORANGE AVE ORLANDO, FL 32809 US

FEI Number: 59-2414146 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:

LELAND MANAGEMENT INC. 8009 S. ORANGE AVE. ORLANDO, FL 32809 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:

Flacture is Circulated at Devictor of Assert

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:VANDERMEER, RONALDName:VANDERMEER, RONALDAddress:1229 S. PARKAddress:1229 S. PARK AVENUECity-St-Zip:WINTER GARDEN, FL 34787City-St-Zip:WINTER GARDEN, FL 34787

Title: VD () Delete Title: () Change () Addition

 Name:
 DAVIS, HEIDI
 Name:

 Address:
 1350 WINTER GREENWAY
 Address:

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:

Title: D () Delete Title: S (X) Change () Addition

 Name:
 MCKINLEY, RHONDA
 Name:
 WOOTEN, LYNN

 Address:
 1345 WINTER GREEN WAY
 Address:
 428 SAND LIME ROAD

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:
 WINTER GARDEN, FL 34787

Name: MISSAVAGE, GENE Name: MISSAVAGE, EUGENE Address: 482 SAND LIME Address: 482 SAND LIME

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

 Name:
 BASICA, ANTHONY
 Name:
 PEABODY, STEVEN

 Address:
 466 SAND LIME
 Address:
 504 SAND LIME ROAD

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:
 WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD VANDERMER PD 04/19/2007