

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90154 018 ****61.25

DOCUMENT # N01000007727



1. Entity Name
THURSTON GROVES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**2963 GULF TO BAY BOULEVARD, SUITE 265
CLEARWATER FL 33759**

Mailing Address
**2963 GULF TO BAY BOULEVARD, SUITE 265
CLEARWATER FL 33759**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3753408**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ZSCHAU, JULIUS J
JOHNSON, BLAKELY, POPE, BOKOR RUPPEL P.A.
911 CHESTNUT STREET
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, MICHAEL BRUCE	
STREET ADDRESS	2963 GULF TO BAY BOULEVARD, SUITE 265	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HEBERT, BEATRICE A	
STREET ADDRESS	2980 ASHECROFT COURT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VAN NESS, KENNETH J	
STREET ADDRESS	3415 W. CYPRESS STREET	
CITY-ST-ZIP	TAMPA FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

01-29-2003

727-669-7781

CR2E037 (10/02)