

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001661

1. Entity Name
MULBERRY GROVE EAST PROPERTY OWNERS ASSOCIATION, INC.



FILED
 07 APR 27 AM 10:34
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 5858 CENTRAL AVE
 ST PETERSBURG, FL 33707

Mailing Address
 P.O. BOX 41847
 SAINT PETERSBURG, FL 33743



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04232007 Chg-NP CR2E037 (12/06)

4. FEI Number
 01-0634433

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHER, CRAIG H 5858 CENTRAL AVE SAINT PETERSBURG, FL 33707				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALTOFF, STEVE			NAME	ALTHOFF STEPHEN		
STREET ADDRESS	5858 CENTRAL AVE			STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST PETERSBURG, FL 33707			CITY-ST-ZIP	ST. PETERSBURG, FL 33707		
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEMBLER, BRENT			NAME			
STREET ADDRESS	5858 CENTRAL AVE			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33707			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DZURO, MARTIN L			NAME			
STREET ADDRESS	1100 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	THE VILLAGES, FL 32159			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEWS, D.W.			NAME			
STREET ADDRESS	3325 WEDGEWOOD LANE			STREET ADDRESS			
CITY-ST-ZIP	THE VILLAGES, FL 32162			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Steph* 4-24-07 727-384-6000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #