2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008307

FILED Apr 17, 2006 Secretary of State

Entity Name: NORTHTON GROVE HOMEOWNERS ASSOCIATION, INC.

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

3974 TAMPA ROAD 3527 PALM HARBOR BLVD SUITE B PALM HARBOR, FL 34683

OLDSMAR, FL 34677

Current Mailing Address: New Mailing Address:

P.O. BOX 2157 P.O. BOX 1418

OLDSMAR, FL 34677 PALM HARBOR, FL 34682

FEI Number: 20-0927926 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:

HANSON, JACK B
3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677 US
HANSON, JACK B
MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 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: JACK B HANSON 04/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition Name: EBENSBERGER, STEVE Name: SMITH, DUANE

Address: 4505 WOODLAND CORPORATE BLVD., SUITE 200 Address: 8520 NORTHTON GROVES BLVD

City-St-Zip: TAMPA, FL 33614 City-St-Zip: ODESSA, FL 33556

Title: D () Delete Title: DVP (X) Change () Addition Name: SANDRIDGE, TOM Name: SCHARDT, RICHARD

Address: 4505 WOODLAND CORPORATE BLVD.. SUITE 200 Address: 8509 NORTHTON GROVES BLVD

City-St-Zip: TAMPA, FL 33614 City-St-Zip: ODESSA, FL 33556

Title: D () Delete Title: SD (X) Change () Addition Name: KANUER, CAROL Name: SMITH, DOREEN

Address: 4505 WOODLAND CORPORATE BLVD., SUITE 200 Address: 8520 NORTHTON GROVES BLVD

City-St-Zip: TAMPA, FL 33614 City-St-Zip: OSDESSA, FL 33556

Title: () Delete Title: TD () Change (X) Addition

 Name:
 Name:
 COLE, PHILIP

 Address:
 Address:
 15203 OCTAVIA LANE

 City-St-Zip:
 City-St-Zip:
 ODESSA, FL 33556

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

Name: Name: MARTINELLI, JAMES

Address: Address: 8507 NORTHTON GROVES BLVD

City-St-Zip: City-St-Zip: ODESSA, FL 33556

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: JACK B HANSON AGEN 04/17/2006

Electronic Signature of Signing Officer or Director

Date