2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008307

FILED Feb 18, 2009 Secretary of State

Entity Name: NORTHTON GROVE HOMEOWNERS ASSOCIATION, INC.

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

3527 PALM HARBOR BLVD REALMANAGE

PALM HARBOR, FL 34683 4902 EISENHOWER BLVD, SUITE 216

TAMPA, FL 33634

Current Mailing Address: New Mailing Address:

550 N REO STREET REALMANAGE

SUITE 300 4902 EISENHOWER BLVD, SUITE 216

TAMPA, FL 33634

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:

REAL MANAGE LLC MYERS, WADE 550 N REO STREET REALMANAGE

SUITE 300 4902 EISENHOWER BLVD, SUITE 216

TAMPA, FL 33609 US TAMPA, FL 33634 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.

TAMPA, FL 33609

SIGNATURE: WADE MYERS 02/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SIDDLE, JEFFREY F
 Name:
 COLE, PHILIP

 Address:
 8519 NORTHTON GROVES BLVD
 Address:
 15203 OCTAVIA LANE

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

Title: P () Delete Title: VP (X) Change () Addition

Name: BEHUNIAK, LOREN Name: MARTINELLI, JAMES

Address: 15206 OCTAVIA LN Address: 8507 NORTHTON GROVES BLVD

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

 $\label{eq:Title:$

Name: Name: SMITH, DOREEN

Address: Address: 8520 NORTHTON GROVES BLVD

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

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

 Name:
 Name:
 COLE, JENNIFER

 Address:
 Address:
 15203 OCTAVIA LANE

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

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

 Name:
 Name:
 NASIRUDIN, MOHOMED

 Address:
 Address:
 15214 OCTAVIA LANE

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

I hereby certify that the information supplied with this filing does not qualify 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: PHILIP COLE P 02/18/2009