

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002664

FILED
May 05, 2008
Secretary of State

Entity Name: HIGH GROVE OF LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1801 COOK AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

518 SUMMER PLACE LOOP
CLERMONT, FL 34711

Current Mailing Address:

1801 COOK AVENUE
ORLANDO, FL 32806

New Mailing Address:

518 SUMMER PLACE LOOP
CLERMONT, FL 34711

FEI Number: 55-0861690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DON ASLEN & ASSOCIATES
1801 COOK AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

MID-FLORIDA PROPERTY PROFESSIONALS, INC.
518 SUMMER PLACE LOOP
CLERMONT, FL 34711 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: DEANA M. HAMILL

05/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ARCHER, LOUIS
Address: 125 EDGEWATER BRANCH DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: P () Delete
Name: DYON, SHARON
Address: 215 SUMMER PLACE LOOP
City-St-Zip: CLERMONT, FL 34714

Title: D () Delete
Name: ATKINS, CHRISTOPHER
Address: 196 NORTH AVENUE
City-St-Zip: NOTTS NG24 3PQ, UK

Title: T (X) Delete
Name: POP, LYNNE
Address: 22 DERBY RD
City-St-Zip: MIDDLESEX, ENGLAND, UK

Title: S (X) Delete
Name: GILBERT, SHIRLEY
Address: 3 ROLFE DR
City-St-Zip: BURGESS HILL W. SUSSEX, UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POPE, LYNNE
Address: 22 DERBY RD
City-St-Zip: MIDDLESEX, ENGLAND, UK

Title: T (X) Change () Addition
Name: ATKINS, CHRISTOPHER
Address: 196 NORTH AVENUE
City-St-Zip: NOTTS NG24 3PQ, UK

Title: VP (X) Change () Addition
Name: ARCHER, LOUIS
Address: 125 EDGEWATER BRANCH DR
City-St-Zip: JASCKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNNE POPE

P

05/05/2008

Electronic Signature of Signing Officer or Director

Date