2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000006943

1. Entity Name
GROVEHURST HOMEOWNERS ASSOCIATION, INC.

FILED
06 OCT -6 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/11/06 90001 050 $61.25
05/01/06 90343 047 $61.25
07102006 Chg-NP CR2E037 (4/06)

Principal Place of Business	Mailing Address
237 WESTMONTE DR SUITE 111 ALTAMONTE SPRINGS, FL 32714	237 WESTMONTE DR SUITE 111 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
5401 S. KIRKMAN RD	5401 S. KIRKMAN RD
Suite, Apt. #, etc.: STE. 450	Suite, Apt. #, etc.: STE. 450
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32819 Country: US	Zip: 32819 Country: US

4. FEI Number: 20-3493447 ☐ 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
G&B FLORIDA MANAGEMENT, INC. 165 W SR 434 WINTER SPRINGS, FL 32708	Name: COMMUNITY MANAGEMENT PROFESSIONALS INC Street Address (P.O. Box Number is Not Acceptable): 5401 S. KIRKMAN ROAD STE. 450 City: ORLANDO, FL Zip Code: 32819

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: Sue Carpenter, President 7-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, DANA A 237 WESTMONTE DR SUITE 111 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLS, ERIC K 237 WESTMONTE DR SUITE 111 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGUIRE, COLLEEN 237 WESTMONTE DR SUITE 111 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $ 10/9
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Eric Wills ERIC WILLS 7-10-06 407 862-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #