

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002893

FILED
Apr 15, 2009
Secretary of State

Entity Name: BAY GROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

227 BAY GROVE BOULEVARD
FREEPORT, FL 32439

New Principal Place of Business:

227 BAY GROVE BOULEVARD
SUITE 1
FREEPORT, FL 32439

Current Mailing Address:

227 BAY GROVE BOULEVARD
FREEPORT, FL 32439

New Mailing Address:

227 BAY GROVE BOULEVARD
SUITE 1
FREEPORT, FL 32439

FEI Number: 20-3863861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERMANN, RICHARD P
ANCHORS SMITH GRIMSLEY
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JENKINS, MICHAEL L
Address: 227 BAY GROVE BOULEVARD
City-St-Zip: FREEPORT, FL 32469

Title: D () Delete
Name: PETERMANN, RICHARD P
Address: 909 MAR WALT DR. STE 1014
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D () Delete
Name: GRIMSLEY, JAMES W
Address: 909 MAR WALT DR., STE 1014
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL L JENKINS

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date