2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90026 038 ****61.25

DOCUMENT # N98000004813

1. Entity Name
VALRICO GROVE HOMEOWNERS ASSOCIATION, INC.

40000213

Principal Place of Business	Mailing Address
PO BOX 1426 VALRICO, FL 33594	PO BOX 1426 VALRICO, FL 33594

01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3547426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KILGORE, SIDNEY W
400 N. TAMPA STREET, SUITE 2450
TAMPA, FL 34602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
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 May 1, 2005

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	PD SUTPHEN, DENNIS R P.O. BOX 1426 VALRICO, FL 33595	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD John Conrad P.O. Box 1426 Valrico, FL 33595	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAMPBELL, TOM P.O. BOX 1426 VALRICO, FL 33595	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Diana O'Leary P.O. Box 1426 Valrico, FL 33595	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEVEN, YAP P.O. BOX 1426 VALRICO, FL 33595	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Steven Yap P.O. Box 1426 Valrico, FL 33595	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADDEN, ROBERT L 6810 NEW TAMPA HWY., STE. 100 LAKELAND, FL 33806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dave Cappel P.O. Box 1426 Valrico, FL 33595	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SWINSON, OLGA P.O. BOX 1426 VALRICO, FL 33595	☒ 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 exemption stated in Section 119.07(3)(i), 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: John Conrad John Conrad 1/7/05 (813)655-5650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #