2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N98000004813

Entity Name: VALRICO GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1426
VALRICO, FL 33594

New Principal Place of Business:

PO BOX 1426
VALRICO, FL 33595 US

Current Mailing Address:

PO BOX 1426
VALRICO, FL 33594

New Mailing Address:

PO BOX 1426
VALRICO, FL 33595 US

FEI Number: 59-3547426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DAVIDSON, C. THOMAS PA
400 N. TAMPA STREET
SUITE 2450
TAMPA, FL 33602 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: C. THOMAS DAVIDSON 04/26/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CONRAD, JOHN
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595

Title: VD ( ) Delete
Name: O'LEARY, DIANA
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595

Title: T ( ) Delete
Name: STEVEN, YAP
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595

Title: VD ( ) Delete
Name: COPPEL, DAVE
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURROWS, MINNIE R
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

Title: VD (X) Change ( ) Addition
Name: LEWIS, ERROL
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

Title: T (X) Change ( ) Addition
Name: HOLLIMON, CHRISTOPHER
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

Title: D (X) Change ( ) Addition
Name: LEFEBVRE, LAWRENCE P
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MINNIE R. BURROWS PD 04/26/2006
Electronic Signature of Signing Officer or Director Date