2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90489 001 ****61.25

DOCUMENT # N98000004813

1. Entity Name
VALRICO GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5015 SOUTH FLORIDA AVENUE. SUITE 409 LAKELAND FL 33813	5015 SOUTH FLORIDA AVENUE. SUITE 409 LAKELAND FL 33813

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P. O. Box 1426	P. O. Box 1426
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VALRICO, FL	City & State: VALRICO, FL
Zip: 33594 Country: USA	Zip: 33594 Country: USA

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	7. Name and Address of New Registered Agent
MADDEN, ROBERT L 5015 SOUTH FLORIDA AVENUE, SUITE 409 LAKELAND FL 33813	Name: ROSEMARY J. ZAMEROSKI Street Address (P.O. Box Number is Not Acceptable): 3910 VALRICO GROVE DRIVE City: VALRICO FL Zip Code: 33594

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: Rosemary J Zameroski 2/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 MADDEN, ROBERT L 5015 SOUTH FLORIDA AVENUE, SUITE 409 LAKELAND FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZAMEROSKI, ROSEMARY J. P.O. BOX 1426 VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARNETT, BERNARD E 5015 SOUTH FLORIDA AVENUE, SUITE 409 LAKELAND FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALVAREZ, JOY P.O. BOX 1426 VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VERNER, EDWARD M 110 E. REYNOLDS ST., STE 700 PLANT CITY FL 33566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T YAPP, STEVEN P.O. BOX 1426 VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHUMP, JAMES 110 E REYNOLDS ST., STE 700 PLANT CITY FL 33566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Madden, Robert L. 5015 S. FL. AVE. #409 LAKELAND, FL 33813	☑ 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

CR2E037 (10/02)

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: ROSEMARY J. ZAMEROSKI Rosemary J Zameroski 2/20/03 813-662-5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR