


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50749</b>	
1. Entity Name <b>TEMPLE GROVE ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 597 OCOE, FL 34761 US</b>	Mailing Address <b>P.O. BOX 597 OCOE, FL 34761 US</b>
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02062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3140690</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>JOHNSON, EDWARD L 500 CANBY CIRCLE OCOE, FL 34761</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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  **2/25/06** DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSON, EDWARD L 500 CANBY CIRCLE OCOE, FL 34761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PEARCE, DAVID 347 BRAVADA STREET OCOE, FL 34761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HUGGINS, DIANNA 2488 AULD SCOTT BLVD OCOE, FL 34761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T POCHE, ROBIN 2642 GREYWALL AVE OCOE, FL 34761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000455542  
11/15/06 00033-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:  **2/25/06** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #