

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50749

FILED
Jan 08, 2009
Secretary of State

Entity Name: TEMPLE GROVE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

347 BRAVADA STREET
OCOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

347 BRAVADA STREET
OCOE, FL 34761 US

New Mailing Address:

FEI Number: 59-3140690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARCE, DAVID
347 BRAVADA ST
OCOE, FL 34761 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: P () Delete
Name: PEARCE, DAVID
Address: 347 BRAVADA STREET
City-St-Zip: OCOE, FL 34761 US

Title: V () Delete
Name: JELONEK, FRANK B
Address: 2330 GREYWALL AVE
City-St-Zip: OCOE, FL 34761

Title: S () Delete
Name: HUGGINS, DIANNA
Address: 2488 AULD SCOTT BLVD
City-St-Zip: OCOE, FL 34761

Title: T () Delete
Name: SOULSBY, NICOLE
Address: 2623 GREYWALL AVENUE
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: SAGESSAR, RUTH
Address: 2623 GREYWALL AVENUE
City-St-Zip: OCOE, FL 34761

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:

Title: T (X) Change () Addition
Name: PEARCE, JANE
Address: 347 BRAVADA STREET
City-St-Zip: OCOE, FL 34761

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: DAVID PEARCE

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date