2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007727

FILED Apr 08, 2009 Secretary of State

Entity Name: THURSTON GROVES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762 **New Mailing Address: Current Mailing Address:** 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762 FEI Number: 59-3753408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CARTER, RICH LIMA, STELLA Name: Name: 2100 WEST BAY DR Address: 10218 THURSTON GROVES BLVD Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: SEMINOLE, FL 33728 Title: PO () Delete Title: (X) Change () Addition BARTLES, DEAN Name: BARTLES, DEAN Name: Address: 10229 GOLDEN EAGLE DRIVE Address: 10229 GOLDEN EAGLE DRIVE City-St-Zip: SEMINOLE, FL 33728 City-St-Zip: SEMINOLE, FL 33728 Title: VPD3 () Delete Title: (X) Change () Addition HAST, PENNY FERRY, EVALEE Name: Name: 10219 THURSTON GROVE BLVD Address: Address: P O BOX 926 City-St-Zip: SEMINOLE, FL 33728 City-St-Zip: LARGO, FL 33779 (X) Change () Addition Title: () Delete Title: BIHANI, BRIJ Name: STELLA, LINDA Name: 10218 THURSTON GROVES BLVD Address: Address: 10204 GOLDEN EAGLE DR City-St-Zip: SEMINOLE, FL 33728 City-St-Zip: SEMINOLE, FL 33728 Title: () Delete Title: () Change () Addition FERRAZZA, DAVID Name: Name: 10220 FALCON TERRACE Address: Address: City-St-Zip: SEMINOLE, FL 33728 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: STELLA LIMA P 04/08/2009