

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46606

FILED
Apr 21, 2009
Secretary of State

Entity Name: VILLAGE OF CENTER GROVE, INC.

Current Principal Place of Business:

3090 VIRGINIA ST.
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3090 VIRGINIA ST.
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 65-0313353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, SUE
3090 VIRGINIA ST.
COCONUT GROVE, FL 33133 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: MCCONNELL, SUE
Address: 3090 VIRGINIA ST.
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: BUTLER, LISA
Address: 2580 LINCOLN AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: DT () Delete
Name: MCCONNELL, SUE
Address: 3090 VIRGINIA STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: V () Delete
Name: KURLAND, NATHAN
Address: 3132 DAY AVE
City-St-Zip: COCONUT GROVE, FL 33133

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: () 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: SUE MCCONNELL

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date