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

DOCUMENT # N0200004560

GREENGROVE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address 925 SEA WATCH LANE 925 SEA WATCH LANE 11024523 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address "F" "F" 637 SECOND LANE 637 SECOND LANE Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For VERO BEACH FLORIDA VERO BEACH, FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32962 32962 INDIAN RIVER INDIAN RIVER 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNSON, PETER J ESQ. Street Address (P.O. Box Number is Not Acceptable) **500 SOUTH FLORIDA AVENUE** SUITE 240 **LAKELAND FL 33801** City Zip Code 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 Signa'ure, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition HUANG, WILLIAM NAME NAME 5623 PECK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA CA 91006 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition WHITE, ELIZABETH K NAME NAME STREET ADDRESS 3251 CR 60 -STREET ADDRESS CITY-ST-ZIP **GRANDY CO 80446** CITY-ST-ZIP TITLE Delete TITLE " ☐ Addition COWAN, ROMAN O NAME NAME STREET ADDRESS 925 SEA WATCH LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 of trustee etripolyered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of trustee approvered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

II ROMAN ORTEGA-COWAN VPD

20 APRIL 2003

Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 91309 027 ***150.00