

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00989

**FILED**  
**Feb 03, 2014**  
**Secretary of State**  
**CC8555436425**

**Entity Name:** VILLAGE GROVE OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

449 SAND LIME RD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

449 SAND LIME RD  
WINTER GARDEN, FL 34787

**FEI Number: 59-2414146**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GLENNON, JOYCE  
1217 S PARK AV  
WINTER GARDEN, FL 34787 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

**Officer/Director Detail :**

Title           PRESIDENT  
Name           FALLUCCA, LYN  
Address        449 SAND LIME RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           VP  
Name           OLIVEIRA, LISA  
Address        449 SAND LIME RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           DIRECTOR  
Name           DAVIS, HEIDI  
Address        449 SAND LIME RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           T  
Name           MISSAVAGE, EUGENE  
Address        449 SAND LIME RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           D  
Name           MAMOTT, PETER  
Address        449 SAND LIME RD  
City-State-Zip: WINTER GARDEN FL 34787

*I hereby 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 all other like empowered.*

**SIGNATURE: LYN FALLUCCA**

**PRESIDENT**

**02/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date