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.

PD

# DOCUMENT# N0100007727

### Entity Name: THURSTON GROVES HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

24701 US HIGHWAY 19 N SUITE 102 CLEARWATER, FL 33763

#### **Current Mailing Address:**

24701 US HIGHWAY 19 N **SUITE 102** CLEARWATER, FL 33763 US

#### FEI Number: 59-3753408

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

LOVETERE, JULIE 24701 US HIGHWAY 19 N SUITE 102 CLEARWATER, FL 33763 US

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Certificate of Status Desired: No

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	ULIE LOVETERE			03/04/2019	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	SD	Title	PD		
Name	CUESTA, VICKIE	Name	JAHNKE, ROBERT		
Address	24701 US HIGHWAY 19 N SUITE 102	Address	24701 US HIGHWAY 19 N SUITE 102		
City-State-Zip:	CLEARWATER FL 33763	City-State-Zip:	CLEARWATER FL 33763		
Title	TREASURER	Title	DIRECTOR		
Name	HOUSE, ALAN	Name	DISHAROON, JOSEPH L		
Address	24701 US HIGHWAY 19 N SUITE 102	Address	24701 US HIGHWAY 19 N SUITE 102		
City-State-Zip:	CLEARWATER FL 33763	City-State-Zip:	CLEARWATER FL 33763		
Title	VPD				
Name	GARRITY MCCLELLAN, SUSAN				
Address	24701 US HIGHWAY 19 N SUITE 102				
City-State-Zip:	CLEARWATER FL 33763				

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: ROBERT JAHNKE

FILED Mar 04, 2019 Secretary of State 3184762972CC

> 03/04/2019 Date