

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50749

**Entity Name:** TEMPLE GROVE ESTATES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC4337681387**

**Current Principal Place of Business:**

347 BRAVADA STREET  
OCOEE, FL 34761

**Current Mailing Address:**

449 WEST SILVER STAR ROAD  
PO BOX 597  
OCOEE, FL 34761 US

**FEI Number: 59-3140690**

**Certificate of Status Desired: Yes**

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

PEARCE, DAVID  
347 BRAVADA ST  
OCOEE, FL 34761 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	P	Title	T
Name	PEARCE, DAVID	Name	PEARCE, JANE
Address	347 BRAVADA STREET	Address	347 BRAVADA STREET
City-State-Zip:	OCOEE FL 34761	City-State-Zip:	OCOEE FL 34761
Title	VP		
Name	GREENE, VICTOR M		
Address	2418 AULD SCOT BLVD.		
City-State-Zip:	OCOEE FL 34761		

*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: DAVID J PEARCE**

**PRESIDENT**

**04/30/2016**

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

\_\_\_\_\_  
Date