## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000953

Entity Name: THE GROVE AT HARBOR HILLS HOMEOWNER'S

ASSOCIATION, INC.

**Current Principal Place of Business:** 

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-3517699 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: JAMES W HART JR 04/15/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Name FRAME, JOHN Name TOUSIGNANT, MARJORIE

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title SECRETARY, DIRECTOR Title TREASURER, DIRECTOR

Name GRILLO, MARGRA Name GUSSLER, JOSHUA

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR Title DIRECTOR

Name WALDRUP, BRADLEY Name HOLDEN, DENNIS

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name DELZIO, DANA

Address 2180 WEST SR 434 STE 5000 City-State-Zip: LONGWOOD FL 32779

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: JOHN FRAME PRESIDENT 04/15/2017

FILED Apr 15, 2017

Secretary of State

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