2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# 738957

Entity Name: THE GROVE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1836 N CRYSTAL LAKE DR
122
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1836 N CRYSTAL LAKE DR
122
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 54-1078362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUTNAM, ABEL A
500 S FLORIDA AVENUE
SUTIE 200
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PATTERSON, CHARLES
Address: 1836 N CRYSTAL LAKE DR #94
City-St-Zip: LAKELAND, FL 33801

Title: VP ( ) Delete
Name: CAMPBELL, CINDY
Address: 1836 N CRYSTAL LAKE DR #26
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete
Name: HOLM, LORINDA
Address: 1836 N CRYSTAL LAKE DR #7
City-St-Zip: LAKELAND, FL 33801

Title: S ( ) Delete
Name: MARIT, QUERIDA
Address: 1836 N CRYSTAL LAKE DR #92
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete
Name: CLARK, RAEFORD
Address: 1836 N CRYSTAL LAKE DR #104
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BELL, MARCIA C
Address: 1836 N CRYSTAL LAKE DR #3
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORINDA HOLM T 04/05/2009

Electronic Signature of Signing Officer or Director — Date