

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743320

FILED
Apr 25, 2006
Secretary of State

Entity Name: VILLAGE GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-1833154 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JORDAN, BRETT M
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: PD () Delete
Name: WATSON, ED
Address: 3100 STRATFORD LN
City-St-Zip: MT. DORA, FL 32757

Title: VD () Delete
Name: CLARK, BRUCE
Address: 3421 CALGARY LN
City-St-Zip: MT. DORA, FL 32757

Title: TD () Delete
Name: BERRYMAN, KAREN
Address: 3081 STRATFORD LANE
City-St-Zip: MT. DORA, FL 32757

Title: SD () Delete
Name: PETIT, VIRGINIA
Address: 3541 CALGARY LN
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: HENDRIX, JOHN
Address: 3341 STRATFORD LANE
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: NICHOLS, DAVID
Address: 3141 STRATFORD LANE
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JAMES, SHIRLEY
Address: 3440 FOXBORO CT
City-St-Zip: MT. DORA, FL 32757

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: D (X) Change () Addition
Name: JAMIE, FLEMING
Address: 3360 STRATFORD LANE
City-St-Zip: MT. DORA, FL 32757

Title: PD (X) Change () Addition
Name: NICHOLS, DAVID
Address: 3141 STRATFORD LANE
City-St-Zip: MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID NICHOLS

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date