FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:22

DOCUMENT # 761387 (0)

1. Corporation Name

GARDEN GROVE OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
INC. 3601 CYPRESS GARDEN RD #A WINTER HAVEN FL 33884	INC. 3601 CYPRESS GARDEN RD #A WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1982
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3045898 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 6038 Grand Oak Drive	26 Street Address: 6038 Grand Oak Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WOOD, JOHN G., JR.
3601 CYPRESS GARDEN RD
STE 1
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name: Bud Walker
82 Street Address (P.O. Box Number is Not Acceptable): 6004 Grand Oak Drive
83
84 City: Winter Haven **FL** 85 Zip Code: 33884

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Bud Walker — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Bud Walker DATE: 3/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	XX ☐ Change ☐ Addition
NAME	WOOD, JOHN G.	1.2 NAME	PD
STREET ADDRESS	3601 CYPRESS GARDEN RD	1.3 STREET ADDRESS	George Siwinski
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	6083 Southern Oaks Drive Winter Haven Fl. 33884
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, JOHN G., JR	2.2 NAME	VD Keith White
STREET ADDRESS	3601 CYPRESS GARDEN RD	2.3 STREET ADDRESS	6037 Grand Oaks Drive
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven Fl. 33884
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, THOMAS H.	3.2 NAME	SD Ruth Gust
STREET ADDRESS	3601 CYPRESS GARDEN RD	3.3 STREET ADDRESS	6129 Grand Oaks Drive
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Winter Haven Fl. 33884
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVEY, ELOYCE	4.2 NAME	TD Harold Thomas
STREET ADDRESS	6104 GRAND OAKS DR	4.3 STREET ADDRESS	6403 Oak Grove Drive
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	Winter Haven Fl.33884
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ASCHENBRENNE, JULIUS	5.2 NAME	D Connie Giardina
STREET ADDRESS	6023 GRAND OAKS DR	5.3 STREET ADDRESS	6005 Grand Oaks Drive
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	Winter Haven Fl.33884
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	D Clarence Stahlman
STREET ADDRESS		6.3 STREET ADDRESS	6322 Grove Pointe Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Haven Fl. 33884

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George W. Siwinski — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: George Siwinski Pres. — Date: 3/20/95 — Daytime Phone #

0018203