NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 761387

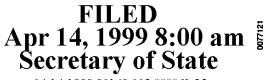
GARDEN GROVE OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
6038 GRAND OAK DRIVE
WINTER HAVEN FL 33884
US

Mailing Address

6038 GRAND OAK DRIVE WINTER HAVEN FL 33884

US



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2. Principal Pl	ace of Business	2a. Mailing Address			Date Incorporated or Qualifed				
21		26			01/08/1982				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	4. FEI Number	Арр	lied For		
22		27			59-3045898	Not	Applicable		
City & State	9	City & State			5. Certificate of Status Desired	\$8.75 A			
23	,	28			3. Certificate of Status Desired	Fee Req	uired		
Zip	Country Zip Coun				6. Election Campaign Financing	\$5.00 N	May Be		
a i	25 29 30				Trust Fund Contribution Added to Fees				
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent					
			81	Name					
שאוערה מווה				B2 Charat Address (D.O. Poy Number is Not Assentable)					
	Walker, Bud 6004 Grand Oak Drive				82 Street Address (P.O. Box Number is Not Acceptable)				
	IND OAR DRIVE		83						
STE 1	141EH EL 00004								
WINTER HAVEN FL 33884			84	City	FL	85 Zip C	ode		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named co	orporation submits this statement for the purpose of	hanging its r	egistered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	onzeo ov	tne corbor	ation's board of directors. I hereby accept the appoin	tment as reg	stered		
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: Re		per erutangia t	uired when reinstating) DATE		10.111.40		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND				
TIFLE	D	₩ DELETE	1,1 TITLE		PD	Change	Addition		
NAME	EUST, RUTH		1.2 NAME		GIARDINA, CONNIE				
STREET ADDRESS	6129 GRAND OAKS DR SE		1.3 STREET	ADDRESS	6005 GRAND OAKS DR. S.H	7			
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-ST	r-ZIP					
TITLE	VD	DELETE	2.1 TITLE		WINTER HAVEN, FL. 33884	Change	Addition		
NAME	WHITE, KEITH		2.2 NAME		VD		".		
STREET ADDRESS	COOT COAND CAVE DD CE			ADDRESS	RESS MILLER, BILL				
	WINTER HAVEN FL 33884		2. 4 CITY-S	i	6132 GRAND OAKS DR. S.I				
CITY-ST-ZIP TITLE			3.1 TITLE		WINTER HAVEN, FL. 3388	Change	☐ Addition		
NAME	CREGO, JACK	_	3.2 NAME		CREGO, JACK	Х			
	6116 GRAND OAKS DR SE		3.3 STREET	ANDRESS		7			
STREET ADDRESS	WINTER HAVEN FL 33884		3.4, CITY-S		6116 GRAND OAKS DR. S.I	-			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	1-219	WINTER HAVEN, FL. 33884	Change	Addition		
TITLE	SD CODMENIA		4.2 NAME	ŀ			_		
NAME	SZABO, CORNELIA								
STREET ADDRESS	6137 GRAND OAKS DR SE		4.3 STREET						
CITY-ST-ZIP			4.4 CITY-S	r-ZIP		Change	Addition		
TITLE	D	☐ DELETÉ	5.1 TITLE 5.2 NAME			□ ouguide	C radiuo()		
NAME	RAND, WILBUR		-						
STREET ADDRESS	6503 OAK HAMMOCK LN SE	•	5.3 STREET		4				
CITY-ST-ZIP	WINTER HAVEN FL 33884		5.4 CITY-S	T- ZIP		□ Ch	Addition.		
TITLE	ΤD	☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME	HAROLD, THOMAS		6.2 NAME				ļ		
STREET ADDRESS	6403 OAK GROVE DR SE		6.3 STREET	ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-S	r-ZIP					

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: 2

4-2-99