

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90677 021 ****61.25

DOCUMENT # 761387

1. Entity Name

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number
59-3045898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, BUD
6004 GRAND OAK DRIVE
STE 1
WINTER HAVEN FL 33884**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GIARDINA, CONNIE 6005 GRAND OAKS DR SE WINTER HAVEN FL 33884	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, MIKE 6411 OAK GROVE DRIVE WINTER HAVEN FL 33884	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLING, BOB 6088 SOUTHERN OAKS DRIVE WINTER HAVEN FL 33884	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMMONS, DOROTHY 6509 OAK HAMMOCK COURT WINTER HAVEN FL 33884	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAND, NORMA 6610 SCENIC POINTE DR WINTER HAVEN FL 33884	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BURTON, HARRY 6124 GRAND OAKS DRIVE WINTER HAVEN FL 33884	☒ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIARDINA, CONNIE 6005 GRAND OAKS DR. SE WINTER HAVEN FL 33884	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	YD WHITE, KEITH 6037 GRAND OAKS DR. SE WINTER HAVEN FL 33884	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMAS, HAROLD 6403 OAK GROVE DR. SE WINTER HAVEN FL 33884	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUST, RUTH 6129 GRAND OAKS DR. SE WINTER HAVEN FL 33884	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARDNER, LEON 6237 KNOTTY PINE DR SE WINTER HAVEN FL 33884	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPANOWSKI, JEROME 6035 GRAND OAKS DR. SE WINTER HAVEN FL 33884	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold L. Thomas Jr* **HAROLD L. THOMAS JR** 4/8/04 863-324-5973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

