

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90338 024 \*\*\*\*61.25

|                                                                          |                                                                                   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 761387</b>                                                 |  |
| 1. Entity Name<br><b>GARDEN GROVE OAKS HOMEOWNERS' ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                                                |                                                                              |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>C/O HAROLD THOMAS<br/>6038 GRAND OAK DRIVE<br/>WINTER HAVEN, FL 33884 US</b> | Mailing Address<br><b>6038 GRAND OAK DRIVE<br/>WINTER HAVEN, FL 33884 US</b> |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

**50038327**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

03152005 Chg-NP CR2E037 (10/03)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3045898</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                  |  |                                                    |          |
|----------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent                                  |  | 7. Name and Address of New Registered Agent        |          |
| <b>WALKER, BUD<br/>6004 GRAND OAK DRIVE<br/>STE 1<br/>WINTER HAVEN, FL 33884</b> |  | Name                                               |          |
|                                                                                  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|                                                                                  |  | City                                               |          |
|                                                                                  |  | <b>FL</b>                                          | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GIARDINA, CONNIE<br>6005 GRAND OAKS DR SE<br>WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>BARKER, R.G.<br>6030 SOUTHERN OAKS DR.<br>WINTER HAVEN, FL. 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MURPHY, MIKE<br>6411 OAK GROVE DRIVE<br>WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>MIKE MURPHY<br>6411 OAK GROVE DR.<br>WINTER HAVEN, FL. 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WHITE, KEITH<br>6037 GRAND OAKS DR. SE<br>WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>THOMAS, HAROLD<br>6403 OAK GROVE DR. SE<br>WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RAND, NORMA<br>6610 SCENIC POINTE DR<br>WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>GUST, RUTH<br>6129 GRAND OAKS DR. SE<br>WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> 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 <sup>TD</sup> HAROLD L. THOMAS JR 4/14/05 863-3245973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOCUMENT # 761-387

# ATTACHMENT

50038327

GARDEN GROVE OAKS HOMEOWNERS ASSOCIATION, INC.  
6038 GRAND OAKS DRIVE  
WINTER HAVEN, FLORIDA 33884

## ADDITIONAL DIRECTORS 2005 YEAR

|   |                                                                       |                                            |   |                                                                     |                                |                                            |
|---|-----------------------------------------------------------------------|--------------------------------------------|---|---------------------------------------------------------------------|--------------------------------|--------------------------------------------|
| D | STAHLMAN, CLARENCE<br>6322 GROVE POINT DR.<br>WINTER HAVEN, FL. 33884 | <input checked="" type="checkbox"/> DELETE | D | MILLER, BILLY<br>6132 GRAND OAKS DRIVE<br>WINTER HAVEN, FL. 33884   | <input type="checkbox"/> CHNG. | <input checked="" type="checkbox"/> ADDITI |
| D | GARDNER, LEON<br>6237 KNOTTY PINE DRIVE<br>WINTER HAVEN, FL. 33884    | <input checked="" type="checkbox"/> DELETE | D | BAKER, WILLIAM<br>6342 GROVE POINT DRIVE<br>WINTER HAVEN, FL. 33884 | <input type="checkbox"/> CHNG. | <input checked="" type="checkbox"/> ADDIT  |
|   |                                                                       | <input type="checkbox"/>                   |   |                                                                     |                                |                                            |
| D | KAPANOWSKI, JERRY<br>6035 GRAND OAKS DRIVE<br>WINTER HAVEN, FL. 33884 | <input type="checkbox"/> DELETE            |   |                                                                     | <input type="checkbox"/>       | <input type="checkbox"/>                   |
|   |                                                                       |                                            |   |                                                                     | <input type="checkbox"/>       | <input type="checkbox"/>                   |
|   |                                                                       | <input type="checkbox"/>                   |   |                                                                     | <input type="checkbox"/>       | <input type="checkbox"/>                   |