


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90027 045 \*\*\*\*61.25

<b>DOCUMENT # 761387</b> 1. Entity Name <b>GARDEN GROVE OAKS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O HAROLD THOMAS 6038 GRAND OAK DRIVE WINTER HAVEN FL 33884 US</b>			Mailing Address <b>6038 GRAND OAK DRIVE WINTER HAVEN FL 33884 US</b>		
2. Principal Place of Business - No P.O. Box # <b>% CONSTANCE GIARDINA</b>		3. Mailing Address <b>6038 Grand Oaks Dr.</b>			
Suite, Apt. #, etc. <b>6038 Grand Oaks Drive</b>		Suite, Apt. #, etc. <b>6038 Grand Oaks Dr.</b>			
City & State <b>WINTER HAVEN, FL</b>		City & State <b>WINTER HAVEN</b>		4. FEI Number <b>59-3045898</b>	
Zip <b>33884</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WALKER, BUD 6004 GRAND OAK DRIVE STE 1 WINTER HAVEN FL 33884</b>				7. Name and Address of New Registered Agent Name <b>HAROLD THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6403 OAK GROVE DR.</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33884</b>	
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 <u><i>Harold P. Thomas</i></u> <span style="float: right;">2/20/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARKER, R G 6030 SOUTHERN OAKS DR WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	r/d CONSTANCE GIARDINA 6005 GRAND OAKS DR WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLOUTIER, NANCY 6207 KNOTTY PINE DR WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	v/d	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, KEITH 6037 GRAND OAKS DR. SE WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIAN CAMPBELL 6511 OAK HAMMOCK CT WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMAS, HAROLD 6403 OAK GROVE DR. SE WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT LEONARD 6203 KNOTTY PINE DR WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IRVIN, JAMES 6502 OAK HAMMOCK LN WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUST, RUTH 6129 GRAND OAKS DR. SE WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u><i>Constance Giardina</i></u> <span style="float: right;">2/20/07 863-325-9721</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

<b>DOCUMENT # 761387</b> 1. Entity Name <b>GARDEN GROVE OAKS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O HAROLD THOMAS 6038 GRAND OAK DRIVE WINTER HAVEN FL 33884 US</b>				Mailing Address <b>6038 GRAND OAK DRIVE WINTER HAVEN FL 33884 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 		<div style="font-size: 2em; margin-bottom: 20px;">40028356</div> <div>1st MOORE      CR2E037 (10/06)</div>	
4. FEI Number <div style="text-align: right;">59-3045898</div>				<div style="border: 1px solid black; padding: 2px;">             Applied For              Not Applicable           </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>WALKER, BUD 6004 GRAND OAK DRIVE STE 1 WINTER HAVEN FL 33884</b>	
7. Name and Address of New Registered Agent Name <b>HAROLD THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6403 OAK GROVE DR S.E.</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33884</b>				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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. <div style="display: flex; justify-content: space-between;"> <div> <b>PD</b>  <b>MILLER, Billy H.</b>  <b>6132 GRAND OAKS DR</b>  <b>WINTER HAVEN, FL 33884</b> </div> <div><input checked="" type="checkbox"/> Delete</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>VD</b>  <b>BAKER, William E</b>  <b>6342 GROVE PT. DR</b>  <b>WINTER HAVEN, FL 33884</b> </div> <div><input type="checkbox"/> Delete</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>PHILLIPS, JACK</b>  <b>6110 GRAND OAKS DR</b>  <b>WINTER HAVEN, FL 33884</b> </div> <div><input checked="" type="checkbox"/> Delete</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </div> <div><input type="checkbox"/> Delete</div> </div>			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>DONNA ETZEL</b>  <b>6029 GRAND OAKS DR</b>  <b>WINTER HAVEN, FL 33884</b> </div> <div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>PD</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </div> <div><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>NORMA TRAND</b>  <b>6610 SCENIC POINTE</b>  <b>WINTER HAVEN, FL 33882</b> </div> <div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div>		
12. I hereby certify that the information indicated on this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation.			I do not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation.		

SIGNATURE

SIGNING OFFICER OR DIRECTOR

Date

Signature Block #