

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761387

FILED
Apr 26, 2008
Secretary of State

Entity Name: GARDEN GROVE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONSTANCE GIARDINA
6038 GRAND OAK DRIVE
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

6038 GRAND OAKS DRIVE
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 59-3045898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, HAROLD
6004 GRAND OAK DRIVE
STE 1
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GIARDINA, CONSTANCE
Address: 6005 GRAND OAKS DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete
Name: CLOUTIER, NANCY
Address: 6207 KNOTTY PINE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: CAMPBELL, BRIAN
Address: 6511 OAK HAMMOCK CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: LEONARD, ROBERT
Address: 6203 KNOTTY PINE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: IRVIN, JAMES
Address: 6502 OAK HAMMOCK LN
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: GUST, RUTH
Address: 6129 GRAND OAKS DR. SE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLOUTIER, NANCY
Address: 6207 KNOTTY PINE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD (X) Change () Addition
Name: MURPHY, MICHAEL
Address: 6411 OAK GROVE DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ETZEL, DONNA
Address: 6029 GRAND OAKS DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH GUST

SD

04/26/2008

Electronic Signature of Signing Officer or Director

Date