2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001163

FILED Apr 21, 2008 Secretary of State

Entity Name: GROVE PARK HOMEOWERS ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	AICA ROAD N NVILLE, FL 32				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	AICA ROAD N NVILLE, FL 32				
FEI Number	r: 59-3628212	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
	, BRAD AICA ROAD N NVILLE, FL 32				
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	BURLOG, BRA 7935 JAMAIIC) Delete AD A ROAD EAST .E, FL 322163273	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP (PEELE, DON 1010 BIMINI R JACKSONVILL		Title: (Name: Address: City-St-Zip:	() Change () Addition	
	T (EDWARDS, TI) Delete RISH	Title: T (Name: SPAULDING,		
Name: Address:	1121 JAMAICA JACKSONVILL		Address: 1161 MONTE City-St-Zip: JACKSONVIL	LE, FL 32216	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	1121 JAMAÍCA JACKSONVILL S (BURLOG, STA 7935 JAMAICA	.E, FL 32216) Delete .CY A ROAD NORTH.	City-St-Zip: JACKSONVIL		
Name: Address: City-St-Zip: Title: Name: Address:	1121 JAMAICA JACKSONVILL S (BURLOG, STA 7935 JAMAICA JACKSONVILL D (DUGGAR, BRU	LE, FL 32216) Delete CY A ROAD NORTH. LE, FL 32216) Delete JCE A ROAD SOUTH	City-St-Zip: JACKSONVIL Title: (Name: Address: City-St-Zip:	LE, FL 32216	

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: BRAD BURLOG PRES 04/21/2008