2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N00000001163

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

Current Principal Place of Business:

7935 JAMAICA ROAD NORTH.
JACKSONVILLE, FL 322163273

New Principal Place of Business:

1161 MONTEVIDEO ROAD
JACKSONVILLE, FL 322163273

Current Mailing Address:

7935 JAMAICA ROAD NORTH
JACKSONVILLE, FL 322163273

New Mailing Address:

1161 MONTEVIDEO ROAD
JACKSONVILLE, FL 322163273

FEI Number: 59-3628212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURLOG, BRAD
7935 JAMAICA ROAD NORTH
JACKSONVILLE, FL 32216 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:	DP	( ) Delete
Name:	BURLOG, BRAD	
Address:	7935 JAMAIICA ROAD EAST	
City-St-Zip:	JACKSONVILLE, FL 322163273	
Title:	DVP	( ) Delete
Name:	PEELE, DON	
Address:	1010 BIMINI ROAD.	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	T	( ) Delete
Name:	SPAULDING, JEANNE	
Address:	1161 MONTEVIDEO ROAD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	S	( ) Delete
Name:	BURLOG, STACY	
Address:	7935 JAMAICA ROAD NORTH.	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	DUGGAR, BRUCE	
Address:	8176 JAMAICA ROAD SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	MOSLEY, RAYMOND	
Address:	1222 JAMAICA ROAD EAST	
City-St-Zip:	JACKSONVILLE, FL 32216	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BRAD BURLOG PRES 01/27/2009

Electronic Signature of Signing Officer or Director — Date