

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003466

FILED
Mar 17, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF RIVER GROVE ON THE TRAIL, INC.

Current Principal Place of Business:

2825 BUSINESS CENTER BLVD
WICKHAM BUSINESS PARK SUITE A-1-R
MELBOURNE, FL 32940

New Principal Place of Business:

2658 TRAILS AT HIDDEN HARBOR
MERRITT ISLAND, FL 32952

Current Mailing Address:

P.O. BOX 1778
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3678582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNER, CATHERINE
2395N. COURTENAY PARKWAY
SUITE 103
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

COVIELLO, JOSEPH
2658 TRAILS AT HIDDEN HARBOR
MERRITT ISLAND, FL 32952 US

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: JOSEPH COVIELLO

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COVIELLO, JOSEPH
Address: 2658 TRAILS AT HIDDEN HARBOR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DT () Delete
Name: VAN EPP, ROB
Address: 811 SPANISH CAY DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DS () Delete
Name: PRESCOTT, MARIE
Address: 2579 LONG SANDY CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DV () Delete
Name: O BLACK, JOSEPH
Address: 2631 LITTLE BEND PLACE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: LANGAN, WILLIAM F III
Address: 2611 LITTLE BEND PLACE
City-St-Zip: MERRITT ISLAND, FL 32952

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: WILLIAM F LANGAN III

DT

03/17/2009

Electronic Signature of Signing Officer or Director

Date