2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N00000008528

Entity Name: THE GROVE HOMEOWNERS ASSOCIATION OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3717113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF N.C. FL
500 NW 93RD STREET
STE. 3
GAINESVILLE, FL 32607 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: SD ( ) Delete
Name: BROOM, TIM
Address: 14818 NW 45TH PL
City-St-Zip: NEWBERRY, FL 32669

Title: VP ( ) Delete
Name: BROOM, TIM
Address: 14818 NW 45TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: T ( ) Delete
Name: SCHROTT, DAVID
Address: 4116 NW 155TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: S ( ) Delete
Name: FLEMING, JOHN
Address: 1418 NW 45TH PL
City-St-Zip: NEWBERRY, FL 32669

Title: P (X) Delete
Name: FORTNER, CHRISTOPHER
Address: 7318 NW 155TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SCHROTT, DAVID
Address: 4116 NW 155TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: T (X) Change ( ) Addition
Name: MALNIK, SONYA
Address: 15017 NW 45TH PLACE
City-St-Zip: NEWBERRY, FL 32669

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: TIM BROOM P 04/06/2009

Electronic Signature of Signing Officer or Director — Date