

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008528

FILED  
Mar 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

105 SW 140TH COURT  
SUITE 5  
JONESVILLE, FL 32669

**Current Mailing Address:**

500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607

**New Mailing Address:**

105 SW 140TH COURT  
SUITE 5  
JONESVILLE, FL 32669

**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  
3  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

HAUFLER, EUGENE C RA  
500 NW 93RD STREET  
3  
GAINESVILLE, FL 32607 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: EUGENE HAUFLER

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROOM, TIM  
Address: 14818 NW 45TH PL  
City-St-Zip: NEWBERRY, FL 32669

Title: D  
Name: SCHROTT, DAVID  
Address: 4116 NW 155TH TERRACE  
City-St-Zip: NEWBERRY, FL 32669

Title: T  
Name: FLEMING, JOHN  
Address: 4202 NW 155TH TERRACE  
City-St-Zip: NEWBERRY, FL 32669

Title: S  
Name: PRITCHETT, PHILLIP  
Address: 15508 NW 45TH PLACE  
City-St-Zip: NEWBERRY, FL 32669

Title: VP  
Name: APPLETON, BILL  
Address: 15411 NW 45TH PLACE  
City-St-Zip: NEWBERRY, FL 32669

Title: D  
Name: PAULY, DANIEL  
Address: 15205 NW 45TH PLACE  
City-St-Zip: NEWBERRY, FL 32669

I hereby 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 all other like empowered.

SIGNATURE: TIM BROOM

P

03/20/2012

Electronic Signature of Signing Officer or Director

Date