

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90014 007 ****61.25

DOCUMENT # N01000005210					
1. Entity Name WHEELER GROVES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 409 E COLLEGE AVE RUSKIN, FL 33570 US			Mailing Address PO BOX 1058 RUSKIN, FL 33575 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3738717	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIMMER, KATHY 409 E COLLEGE AVE RUSKIN, FL 33570			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME LAMB, MICHAEL STREET ADDRESS 2021 WHEDER GROVES DR. CITY-ST-ZIP SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete		TITLE T NAME Malone, Glen STREET ADDRESS 2411 Wheeler Groves Dr. CITY-ST-ZIP Seffner FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ADEN, CHRISTINE STREET ADDRESS 2401 WHEELER GROVES DR CITY-ST-ZIP SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Brooker, Nancy STREET ADDRESS 2405 Wheeler Groves Dr. CITY-ST-ZIP Seffner FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DVP NAME TOWERS, ANTHONY STREET ADDRESS 2527 WHEELER GROVES DR CITY-ST-ZIP SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete		TITLE D NAME Lambeth, Jim STREET ADDRESS 2518 Wheeler Groves Dr. CITY-ST-ZIP Seffner FL 33584	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME VAZQUEZ, JUAN STREET ADDRESS 2522 WHEELER GROVES DR CITY-ST-ZIP SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME ADEN, CHUCK STREET ADDRESS 2401 WHEELER GROVES DR CITY-ST-ZIP SEFFNER, FL 33584	<input type="checkbox"/> Delete		TITLE President NAME Aden, Chuck STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LITCHFIELD, GLENN STREET ADDRESS 2525 WHEELER GROVES DR. CITY-ST-ZIP SEFFNER, FL 33584	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/26/2008 <small>Date</small>		813-645-1569 <small>Daytime Phone #</small>