2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N01000005210

Entity Name: WHEELER GROVES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

409 E COLLEGE AVE
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1058
RUSKIN, FL 33575 US

New Mailing Address:

FEI Number: 59-3738717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIMMER, KATHY
409 E COLLEGE AVE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

EICH, EMILIA
409 E COLLEGE AVE
RUSKIN, FL 33570 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: EMILIA K. EICH 02/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MALONE, GLENN
Address: 2411 WHEELER GROVES DR
City-St-Zip: SEFFNER, FL 33584

Title: VP ( ) Delete
Name: BROOKER, NANCY
Address: 2405 WHEELER GROVES DR
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete
Name: LAMBETH, JIM
Address: 2518 WHEELER GROVES DR
City-St-Zip: SEFFNER, FL 33584

Title: P ( ) Delete
Name: ADEN, CHUCK
Address: 2401 WHEELER GROVES DR
City-St-Zip: SEFFNER, FL 33584

Title: S ( ) Delete
Name: LITCHFIELD, GLENN
Address: 2525 WHEELER GROVES DR.
City-St-Zip: SEFFNER, FL 33584

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:

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: CHUCK ADEN P 02/16/2009
Electronic Signature of Signing Officer or Director Date